

Investment Advisor ("IA") Information (This portion to be completed by IA.)

IA Firm Name (Please print.) _____
 IA Master Account Number _____ Service Team _____

1. Account Holder Information (For information about Schwab's privacy policy, please refer to the attached IRA Account Application Agreement.)
 As required by federal law, Schwab will use the information provided below to verify your identity.

Account Holder/Minor

First Name _____ Middle _____ Last _____ Are you known by another name? (Specify) _____

Home Street Address (no P.O. boxes, please) _____ City _____ State _____ Zip Code _____

Mailing Address (if different from above; P.O. boxes may be used) _____ City _____ State _____ Zip Code _____

Social Security/Tax ID Number _____ Date of Birth (mm/dd/yyyy) _____ Home Telephone Number _____ Business Telephone Number _____ Cellular Telephone Number _____
 USA Other Other USA Other

Country(ies) of Citizenship (Must list all. If not a U.S. citizen, please complete identification information below.) _____ Country of Legal Residence _____
 Passport U.S. Driver's License U.S. Gov't Issued ID

Identification Type (Complete only if not a U.S. citizen.) _____ Identification Number _____ Place of Issuance _____ Issue Date _____ Expiration Date _____
 Employed Retired Self-Employed Non-Employed

Employer Name/Industry (If self-employed, indicate nature of business.) _____ Occupation/Position _____ Employment Status _____

Business Street Address (no P.O. boxes, please) _____ City _____ State _____ Zip Code _____

I am employed by, affiliated with, or am either a director or owner of one or more securities firms. Yes* No If yes, list _____
 (Company Symbol, e.g., SCHW, or Company Name)

I am a director, 10% shareholder or policy-making officer of one or more publicly traded companies. Yes No If yes, list _____
 (Company Symbol, e.g., SCHW)

Custodian Information Please complete if the account is for a minor.

First Name _____ Middle _____ Last _____ Are you known by another name? (Specify) _____

Home Street Address (no P.O. boxes, please) _____ City _____ State _____ Zip Code _____

Mailing Address (if different from above; P.O. boxes may be used) _____ City _____ State _____ Zip Code _____

Social Security/Tax ID Number _____ Date of Birth (mm/dd/yyyy) _____ Home Telephone Number _____ Business Telephone Number _____ Cellular Telephone Number _____
 USA Other Other USA Other

Country(ies) of Citizenship (Must list all. If not a U.S. citizen, please complete identification information below.) _____ Country of Legal Residence _____
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I am employed by, affiliated with, or am either a director or owner of one or more securities firms. Yes* No If yes, list _____
 (Company Symbol, e.g., SCHW, or Company Name)

I am a director, 10% shareholder or policy-making officer of one or more publicly traded companies. Yes No If yes, list _____
 (Company Symbol, e.g., SCHW)

*Attach a written consent from your employer if employed by a securities firm.

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Account Number _____ Date Approved (mm/dd/yyyy) _____

Print Name of Approver _____ Signature _____



2. Select IRA Type (Select only ONE type of account.)

▶ **Traditional IRA.** Select only one.

- Contributory IRA
- Rollover IRA
- Rollover from an employer retirement plan

Name of Employer Sponsoring the Plan _____ \$ _____
 Approximate Total Value of Distribution Expected Distribution Date (mm/dd/yyyy), If Known

By signing this application, I elect that my IRA assets identified above be considered a rollover. This election is required by the IRS to qualify my contribution as a rollover contribution.

▶ **Roth IRA.** Select only one.

- Roth Contributory
- Roth Conversion

Current Schwab Traditional IRA to convert: _____

The entire balance of your IRA will be converted. If you want to convert only a portion of your IRA, attach a separate sheet of paper listing the name of the asset and amount of shares.

If you are converting a Traditional IRA to a Roth IRA, the tax withholding election you make in this section will only apply to this conversion request.

Important Tax Withholding Election Notice: Distributions from your IRA are generally subject to federal (and possibly state) income tax. Even if you elect in writing not to have federal and/or state income tax withheld, you are liable for payment of federal and state income taxes, if applicable, on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your withholding and payment of estimated tax, if any, are not adequate.

Withholding income taxes may (1) make you ineligible for the conversion because amounts withheld from your Traditional IRA or Rollover IRA are used when determining conversion eligibility and (2) subject you to IRS penalties if you are under age 59½ because the amount withheld is considered a distribution. Schwab recommends that you contact your tax advisor regarding your tax withholding election.

Please select a withholding instruction for the taxable distribution that results from the conversion. If you do not make an election, Schwab is required to withhold 10% for payment of federal (and possibly state) income tax from your gross distribution.

- Do not withhold tax
- Withhold tax: Federal income tax: 10% 15% 20% Other _____% (amount must be at least 10% and a whole number). If you reside in AR, CA, DE, GA, IA, KS, MA, ME, NC, NE, OK, OR or VT and federal income tax withholding is applied, Schwab will also apply state income tax withholding based upon your state's minimum tax rate.

▶ **Inherited IRA/Spousal Rollover IRA.** Select only one.

- Inherited IRA
- Spousal Rollover IRA

Decedent's Information:

First Name _____ Middle _____ Last _____ Social Security/Tax ID Number _____
 Schwab IRA Account Number _____ Date of Death _____

▶ **Custodial IRA.** Select only one. Please complete Section 1 with minor and custodian information.

- Custodial Contributory IRA
- Custodial Roth Contributory IRA
- Education Savings Account

If this is a Custodial IRA for a minor, indicate the age for termination of custodianship and the state law under which this Custodial account will be governed.*

Age of Termination _____ Governing State Law _____

*This is required for minors who are residents of states governed by the Uniform Transfers to Minors Act or by the Uniform Gifts to Minors Act. The age of custodianship termination varies by state, although many states set the maximum age for termination at 21. If you do not indicate an age or governing state law here, the account will be set up using the Custodian's state of residence and that state's default age of custodianship termination (either 18 or 21). If neither the minor nor the Custodian is a U.S. resident, the Custodian must indicate the governing state law in the Governing State Law field above.

I understand that electing to extend custodianship to age 25, if applicable, may cause me to lose my annual exclusion from federal gift tax and that I should consult with an attorney or tax advisor before making this election. (Note: Only certain states allow the custodianship to be extended to the minor's twenty-fifth birthday. This election may be exercised only in those states that specifically provide for it.)

▶ **SIMPLE IRA.** Please note: This form can only be used to add participants to an existing plan.

- SIMPLE IRA

Name of Business _____ Employer's Group Plan Number _____

2. Select IRA Type (Continued)

► **Simplified Employee Pension (SEP) IRA.** Select only one. (Application must include Adoption Agreement and Employer's Agreement.)

- SEP-IRA SARSEP-IRA

Name of Business _____

3. Choose Your Cash Feature

Please select below one eligible Cash Feature that may allow you to earn income on the free credit balances in your brokerage account (each, a "Cash Feature"). Eligibility for each Cash Feature is indicated below. For additional information on the eligibility rules for, and important disclosures about, the various alternatives to earn income on your cash, please see the Cash Features Disclosure Statement for Schwab Institutional®. If you do not select a Cash Feature, select more than one Cash Feature, or select a Cash Feature for which you are not eligible, you instruct Schwab to designate the Bank Sweep feature as the Cash Feature for your account. Schwab may make this designation without providing any advance notice to you.

Select only one of the following:	Available to:
<input type="radio"/> Bank Sweep feature*	Individuals Only
<input type="radio"/> Schwab Government Money Fund™ (SWGXX)	Clients with Household Balance† >\$100,000
<input type="radio"/> Schwab U.S. Treasury Money Fund™ (SWUXX)	Clients with Household Balance >\$100,000
<input type="radio"/> Schwab Advisor Cash Reserves®—Sweep Shares (SWQXX)	Clients with Household Balance >\$500,000
<input type="radio"/> Schwab Advisor Cash Reserves—Premier Sweep Shares (SWZXX)	Clients with Household Balance >\$1,000,000

The Cash Features listed above may not be available to non-U.S. residents. Please contact Schwab for your cash feature eligibility if you reside outside of the United States.

* The Bank Sweep feature automatically makes deposits to and withdrawals from deposit accounts held at Charles Schwab Bank, an FDIC-insured depository institution affiliated with Schwab. Please see Schwab's cash feature disclosure statement for more information about FDIC insurance. We recommend that you assume that coverage of deposit accounts established under the Bank Sweep feature will be limited to FDIC insurance and that you not expect coverage from SIPC.

† Your Household Balance includes all of your accounts at Schwab that have been linked in accordance with Schwab's householding guidelines.

If you select a Sweep Money Fund, your selection is considered a request for a prospectus. It is an indication of interest only, and you are not obligated to buy any shares. Please read the prospectus carefully. Money Funds ARE NOT FDIC-INSURED, MAY LOSE VALUE, AND ARE NOT BANK-GUARANTEED.

4. Electronic Delivery (eDelivery) Enrollment

Schwab Institutional® offers electronic delivery of your account statements and trade confirmations. Once enrolled, you will receive notifications via email that your statements and confirmations are available via Schwab's secure website, schwaballiance.com. Enrolling in eDelivery may also qualify you for lower online equity trade commissions. Please consult with your Investment Advisor and/or the *Charles Schwab Institutional Pricing Guide* for more pricing details.

To begin enrollment in eDelivery, provide your email address below and Schwab Institutional will send you an email providing instructions on how to complete your enrollment and electronically consent to eDelivery via schwaballiance.com.

Email address: _____

5. Authorizations

Please initial all areas that apply to this account. (An X is not sufficient.) Any of these authorizations may be revoked by providing notice to Schwab.

Account Holder/Custodian _____ **Trading and Disbursement Authorization.** I authorize Schwab (1) to execute trades in my account at the direction of IA as provided under the Trading Authorization heading in the IRA Account Application Agreement; (2) to disburse assets for investment purposes or to me personally, as instructed by IA; (3) to remit checks, wire funds and otherwise to make disbursements of funds held in the account (i) to banks, broker-dealers, investment companies or other financial institutions for credit to an account of identical registration, or (ii) to me at my address of record. (Note: I acknowledge that any disbursement made to me personally may constitute a taxable distribution.)

Account Holder/Custodian _____ **Trading Authorization.** I authorize Schwab to execute trades in my account at the direction of IA as provided under the Trading Authorization heading in the IRA Account Application Agreement.

Account Holder/Custodian _____ **Fee Payment Authorization.** I authorize Schwab to pay investment advisory and related fees to IA from my account or another account registered to my name over which I have granted IA fee payment authorization in the amount of IA's instructions.

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Account Number _____



6. Issuer Communications and Related Actions

If you have granted your IA trading authority over your account, and your IA exercises investment discretion for you pursuant to an advisory contract, you can appoint your IA to be sent certain issuer and issuer-related communications (proxies, tender offers, proposed mergers, rights offerings, exchange offers and warrants, among other things) that may require a voting decision or other action regarding investments held in your account.

If you appoint your IA below, your IA will, regarding only those voting decisions or other action communications sent to your IA: (i) be requested to vote proxy ballots; (ii) be requested to provide instructions regarding corporate reorganizations and other corporate actions; and (iii) be sent certain prospectuses and annual reports and other communications. In these cases, you will be authorizing your IA to make all voting decisions and take all actions on your behalf. You will not be sent informational copies of these communications.

Even if you appoint your IA below, you may still be sent certain other issuer and issuer-related communications regarding investments held in your account. You agree that you will be responsible for providing Schwab any applicable instructions or directions on those items.

Please select only one:

- Yes. I appoint my IA and I will fulfill my responsibilities, as described above. I instruct Schwab not to disclose my name, address and securities positions to any issuer of securities held in my account.
- No. I do not appoint my IA as described above. I wish to be sent all issuer and issuer-related communications, make all voting decisions and take all actions described above. I understand that any issuer of securities held in my account may request that Schwab disclose to it my name, address and securities positions in that issuer.

If you selected "No" above, please select one:

My IA should / should not be sent informational copies of any issuer or issuer-related communications.

If you do not select either "Yes" or "No" above, Schwab will deem you to have indicated "No," but informational copies of issuer and issuer-related communications may be sent to your IA.

7. Designate Your Beneficiary(ies)*

Primary Beneficiary(ies)†: I designate the person(s) below as primary beneficiary(ies) to receive payment of the value of my IRA upon my death.

Contingent Beneficiary(ies)‡: If no primary beneficiary survives me, I designate that the balance of my IRA be distributed to my contingent beneficiary(ies) below.

Share %*	Trust Name (if applicable) [§]	Trust Date (mm/dd/yyyy)
	Name	
	Social Security/Tax ID Number	
	Relationship	Birthdate (mm/dd/yyyy)
Share %*	Trust Name (if applicable) [§]	Trust Date (mm/dd/yyyy)
	Name	
	Social Security/Tax ID Number	
	Relationship	Birthdate (mm/dd/yyyy)
Share %*	Trust Name (if applicable) [§]	Trust Date (mm/dd/yyyy)
	Name	
	Social Security/Tax ID Number	
	Relationship	Birthdate (mm/dd/yyyy)
Share %*	Trust Name (if applicable) [§]	Trust Date (mm/dd/yyyy)
	Name	
	Social Security/Tax ID Number	
	Relationship	Birthdate (mm/dd/yyyy)

Share %*	Trust Name (if applicable) [§]	Trust Date (mm/dd/yyyy)
	Name	
	Social Security/Tax ID Number	
	Relationship	Birthdate (mm/dd/yyyy)
Share %*	Trust Name (if applicable) [§]	Trust Date (mm/dd/yyyy)
	Name	
	Social Security/Tax ID Number	
	Relationship	Birthdate (mm/dd/yyyy)
Share %*	Trust Name (if applicable) [§]	Trust Date (mm/dd/yyyy)
	Name	
	Social Security/Tax ID Number	
	Relationship	Birthdate (mm/dd/yyyy)
Share %*	Trust Name (if applicable) [§]	Trust Date (mm/dd/yyyy)
	Name	
	Social Security/Tax ID Number	
	Relationship	Birthdate (mm/dd/yyyy)

*If this is an IRA (except for a Custodial IRA for a minor) and I live in a state with community property statutes and do not designate my spouse as the sole Primary Beneficiary, I represent and warrant that my spouse has consented to such designation.

If this is a Custodial IRA for a minor, I understand that only the minor's estate can be the beneficiary until such time as the minor becomes the owner of the IRA and designates his or her own beneficiaries.

If this is an Education Savings Account, the beneficiary must be a qualified member of the current designated beneficiary's (account holder's) family. A qualified family member is defined as the spouse of the designated beneficiary and any child, grandchild, stepchild, sibling, parent, grandparent, step-parent, niece or nephew, aunt or uncle, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law and the spouse of any such individual as well as the first cousins (but not their spouses).

† If you wish to designate more than four primary or contingent beneficiaries, attach a separate sheet of paper. Provide all the information above, including percentage of IRA for each beneficiary. (Percentages must total 100%.)

‡ If more than one beneficiary is designated, the percentages must total 100%. I understand that if I fail to indicate percentage of benefits, Schwab will divide benefits equally among the beneficiaries I designate. **Note:** Benefits cannot be expressed in dollar amounts.

§ If you designate a trust as a beneficiary, you must also provide the date of the trust.

7. Designate Your Beneficiary(ies) (Continued)

I understand that if no designated beneficiary survives me or if the custodian cannot locate the beneficiary, the custodian will distribute the benefits to my estate. If I have chosen more than one primary beneficiary, and one or more (but not all) primary beneficiaries survive me, each surviving beneficiary will receive a share of the benefits determined by multiplying the total benefits by a fraction in which the numerator is the percentage to be distributed to the particular primary beneficiary as shown above and the denominator is the total of the percentages for all surviving beneficiaries as shown above. If no primary beneficiary survives me, the surviving contingent beneficiaries will share in the benefits in the same way as described above. I understand that if I fail to indicate share percentages, Schwab will divide benefits equally among all beneficiaries I designate.

I understand that if Schwab determines that my beneficiary designation is not clear with respect to the amount of the distribution, the date on which the distribution shall be made, or the identity of the party or parties who will receive the distribution, Schwab shall have the right, in its sole discretion, to consult counsel and to institute legal proceedings to determine the proper distribution of the account, all at the expense of the account, before distributing or transferring the account.

I reserve the right to revoke or change this beneficiary designation, and understand that any change or revocation must be given in writing to Schwab. This designation revokes any prior designation of primary or contingent beneficiaries I may have made.

8. Authorization to Open Account

By signing this Application, you acknowledge that you have received and read a copy of the attached Application Agreement, which contains a predispute arbitration provision. You acknowledge that your signature signifies and constitutes your agreement that this account and your relationship with Schwab will be governed by the Application Agreement and all

incorporated agreements and disclosures, including, but not limited to, the Schwab IRA Account Agreement and the *Charles Schwab Institutional® Pricing Guide*, each as amended from time to time (the "Agreement and Disclosures"). You understand there are fees associated with establishing, maintaining and engaging in transactions.

For purposes of this Account Application and the attached Application Agreement, the terms "you," "your" and "Account Holder" refer to each person who signs this Account Application. The terms "we," "us," "our" and "Schwab" refer to Charles Schwab & Co., Inc.

I certify under penalty of perjury that (1) the number shown on this Application is my correct taxpayer number; (2) I am not subject to back-up withholding because (a) I am exempt from back-up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to back-up withholding; and (3) I am a U.S. person (including a U.S. resident alien). (I understand that if I have been notified by the IRS that I am subject to back-up withholding as a result of dividend or interest underreporting and I have not received a notice from the IRS advising me that back-up withholding is terminated, I must strike or cross out the information contained in item 2 above.) The IRS does not require my consent to any provision of this document other than the certification required to avoid back-up withholding.

The Agreement with Schwab includes a predispute arbitration clause. I acknowledge receipt of the predispute arbitration clause contained in the Required Arbitration Disclosures and Arbitration Agreement sections, pages 1 and 2, of the IRA Account Application Agreement.

Signature: Account Holder/Custodian _____

Print Name _____

Date _____
(mm/dd/yyyy)

For Charles Schwab Use Only

Account Number _____

