

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

IA Firm Name (please print): _____
 IA Master Account Number: _____ Service Team: _____

Use this form to update the account holder(s)' or authorized agent(s)' address of record, or to update address information for duplicate statements or mailing address(es).

1. Account Information

I authorize Charles Schwab & Co., Inc. to change my address on the following Schwab account(s):

Account Number _____ Account Number _____
 Account Number _____ Account Number _____

This change should take effect: Immediately Effective Date: _____

2. Home/Legal Address* (Required)

Please provide your home/legal address below, which must be a physical street address. **P.O. boxes are not allowed.**

Note: For Account Holder(s) and Authorized Agent(s), Schwab uses the home/legal address as the address of record.

Type of address change (select all that apply):

- Account Address
- Authorized Agent Address
- Duplicate Statements for Interested Party

Organization/Trust Name _____ Tax ID Number _____

Account Holder/Authorized Agent First Name _____ Middle _____ Last _____

Additional Account Holder First Name _____ Middle _____ Last _____

Home/Legal Street Address (P.O. boxes are not allowed) _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Business Telephone Number _____ Cellular Telephone Number _____

Order new address imprinted on Schwab One® checks.

3. Mailing Address Information (Optional)

Please provide your mailing address below, if different from your home/legal address indicated in Section 2. P.O. boxes may be used.

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

4. Authorized Signatures

At least one Schwab Account Holder for each account number listed above must sign below.

▶ _____ Date _____
 Signature: Account Holder/Trustee/Authorized Agent Print Name (mm/dd/yyyy)

▶ _____ Date _____
 Signature: Additional Account Holder/Co-Trustee/Authorized Agent Print Name (mm/dd/yyyy)

▶ _____ Date _____
 Signature: Additional Account Holder/Co-Trustee/Authorized Agent Print Name (mm/dd/yyyy)

▶ _____ Date _____
 Signature: Additional Account Holder/Co-Trustee/Authorized Agent Print Name (mm/dd/yyyy)

*If you are receiving distributions from your Retirement Account, Schwab will apply state income tax withholding based on your legal address. If you move between states with differing state income tax laws, Schwab will apply state income tax withholding (as required) from your subsequent distributions based upon income tax withholding requirements for your new state of residence. Please contact your Investment Advisor for a copy of the State Income Tax Withholding Information sheet for specific information concerning your state's income tax withholding laws.

