

Signature Card

Investment Advisor ("IA") Information

IA Firm Name *(Please print.)*

IA Master Account Number

Service Team

IA Contact Name *(if follow-up is required)*

IA Telephone Number

IA Email Address

Instructions

Use this form to provide Schwab with a specimen of your handwritten signature.

- Your handwritten signature may be used to validate transaction requests on the account you are opening, on existing accounts, and on accounts opened in the future.
- To add payment features to an Organization account, please use the Checkwriting and Visa® Debit Card Application for Organization Accounts.
- Custodial and Estate accounts are not eligible for Visa Platinum Debit Cards.
- A separate Signature Card is requested for each account holder.

1. Account Information

Schwab Account Holder Name *First*

Middle

Last

Social Security Number

2. Checks and Visa® Debit Cards (Optional)

Select one of the following options to access the cash in your Schwab One® Brokerage account. Upon receipt of your starter checks, you may order additional standard checks at no cost from www.schwaballiance.com.

Account Number

Please select only one.

- ☐ Checks
- ☐ Checks and Visa Debit Card

Anticipated Activity

On average, how many times per month do you anticipate writing checks and/or making ATM withdrawals?

Please select only one.

- ☐ Less than 5 times per month
- ☐ 5 to 10 times per month
- ☐ 11 to 20 times per month
- ☐ More than 20 times per month

Signature and Date Required**PLEASE SIGN AND DATE BELOW IN BLACK INK ONLY.**

I hereby authorize Schwab to rely on my signature set forth below or, alternatively, on any other signature or personal identification provided by me, including but not limited to any other signature card I sign. I agree to notify Schwab immediately if I suspect that any confidential information has become known to an unauthorized person or that an unauthorized transaction has occurred in my account. Your signature below will serve as a signature card for authorized check signers on your Schwab One Account.

X

Signature: Account Holder

Today's Date (mm/dd/yyyy)

Print Name

Return this form to Schwab by uploading via Secure Messaging on www.schwaballiance.com or mailing it to one of the addresses below.

Send standard mail to:	Send overnight delivery to:
Charles Schwab & Co., Inc. P.O. Box 982603 El Paso, TX 79998-2603	Charles Schwab & Co., Inc. 1945 Northwestern Drive El Paso, TX 79912

Should you have any questions, contact your IA or the Schwab Alliance Service Team at 1-800-515-2157.