



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

IA Firm Name (Please print.): _____

IA Master Account Number: _____ Service Team: _____

- For Trust Accounts, the address for the Trust must match the address of one of the trustees.
- For changes requiring a c/o address for a third party, please use the Third-Party Representative Address Authorization Form.
- If you are changing a U.S. address to an international address, please contact your service team; additional documentation may be required.

Type of Change (Please select all that apply.):

- Account Holder Address (Complete Sections 1 and 4.) Duplicate Mailings for Interested Parties (Complete Sections 3 and 4.)
- Organization/Pension Plan Address (Complete Sections 2 and 4.) Order new address imprinted on Schwab One® checks.

This change should take effect: Immediately Effective Date: _____

1. Account Holder Information

Account Holder/Trustee/Authorized Agent/Custodian/Executor. Please change my address on the following Schwab account(s):

- Would you like to update the account address for any closed account(s) on which you are an account holder? (In some instances, statements, tax documents, etc., can still be generated on a closed account.) Yes No
- Would you like to change the account address for accounts on which you are not the primary account holder? Yes No

_____	_____	_____	_____
First Name	Middle	Last	
_____	_____	_____	_____
Home/Legal Street Address (P.O. boxes are not allowed.)	City	State/Country	Zip/Postal Code
_____	_____	_____	_____
Mailing Address (If different from above; P.O. boxes may be used.)	City	State/Country	Zip/Postal Code
_____	_____	_____	_____
Home Telephone Number	Business Telephone Number	Cellular Telephone Number	

Additional Account Holder/Co-Trustee/Authorized Agent/Minor/Co-Executor/Participant. Please change my address on the following Schwab account(s):

- Would you like to update the account address for any closed account(s) on which you are an account holder? (In some instances, statements, tax documents, etc., can still be generated on a closed account.) Yes No
- Would you like to change the account address for accounts on which you are not the primary account holder? Yes No

_____	_____	_____	_____
First Name	Middle	Last	
_____	_____	_____	_____
Home/Legal Street Address (P.O. boxes are not allowed.)	City	State/Country	Zip/Postal Code
_____	_____	_____	_____
Mailing Address (If different from above; P.O. boxes may be used.)	City	State/Country	Zip/Postal Code
_____	_____	_____	_____
Home Telephone Number	Business Telephone Number	Cellular Telephone Number	



1. Account Holder Information (Continued)

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.

2. Organization/Pension Plan Account Information

Please change the address on the following Organization/Pension Plan account(s):

• Would you like to update the account address for any closed account(s) owned by the Organization/Pension Plan? (In some instances, statements, tax documents, etc., can still be generated on a closed account.) Yes No

Organization/Pension Plan Name _____ Tax ID Number _____
Organization/Pension Plan Street Address (P.O. boxes are not allowed.) _____ City _____ State/Country _____ Zip/Postal Code _____
Organization/Pension Plan Mailing Address (if different from above) _____ City _____ State/Country _____ Zip/Postal Code _____
Business Telephone Number _____

3. Duplicate Mailings for Interested Parties (Please select all that apply.)

Duplicate Statements Duplicate Trade Confirmations

Please add duplicate mailings for interested parties to the following Schwab account(s):

First Name _____ Middle _____ Last _____
Home/Legal Street Address _____ City _____ State/Country _____ Zip/Postal Code _____
First Name _____ Middle _____ Last _____
Home/Legal Street Address _____ City _____ State/Country _____ Zip/Postal Code _____

4. Authorized Signatures

All Schwab account holders listed in Section 1 must sign and date.

Note: The signature of only one Authorized Agent of an Organization is required to update the address in Section 2.

▶ _____ 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)
▶ _____ Date _____
Signature: Investment Advisor* _____ Print Name _____ (mm/dd/yyyy)

*Investment Advisor may sign if the request is to update duplicate mailings in Section 3 or if the account holder has granted a Standing Letter of Authorization (SLOA) for a specific address change.

