

New Account Application

For a Donor-Advised Fund Account



Questions or Need Assistance?

Call 800-746-6216 or email ask@schwabcharitable.org

Use this form to establish a Schwab Charitable donor-advised fund account (Account). Please review our [Program Policies](#) prior to opening an Account.

To recommend an Investment Advisor to manage your Schwab Charitable donor-advised fund account, please ask your advisor to use the New Account Application for Clients Associated with an Investment Advisor form found on schwabadvisorcenter.com (Schwab Advisor Center).

1. Create an Account Name

When granting to charity, the donor will have the option to include this Account name in the letter that accompanies the check. Please use the word "Fund" or "Account" in the name (i.e., ABC Family Charitable Fund). We cannot accept Account names with the word "Trust."

Account Name (maximum 75 characters)

2. Provide Account Holder Information

Primary and Secondary Account Holders have full and equal Account access and privileges, including the ability to:

- Access Schwab Charitable Client Center (Existing Schwab clients have access by logging into schwab.com and using their Schwab ID and password. Non-Schwab clients can call Donor Relations at 800-746-6216 for access.)
- Recommend grants to eligible charities
- Recommend a portfolio allocation among the Investment Pools
- Add new Account Holders or Additional Account Users and recommend Successors or Charitable Beneficiaries
- Maintain Account Holder privileges in the event of death/incapacity, refusal to serve, or other disqualifications of other Account Holders

Primary Account Holder (Default recipient for all Account correspondence)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Name (First)	(Middle)	(Last)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number		

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)		

<input type="text"/>
Home Address: Must NOT Contain a P.O. Box

<input type="text"/>
City, State, Zip Code

<input type="text"/>
Mailing Address if Different from Above

<input type="text"/>
Mailing City, State, Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone Number		

<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Telephone Number		

<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Telephone Number		

<input type="text"/>
Email Address

The Primary Account Holder will receive electronic copies of grant and contribution correspondence.

Check here if the Primary Account Holder would prefer to receive paper letters and statements.

Employment Status (REQUIRED--Please select only one.)

- Employed Self-Employed Retired Homemaker Student Not Employed

<input type="text"/>
Employer Name/Business Name

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Business Owner/Self-Employed | <input type="checkbox"/> Information Technology Professional | <input type="checkbox"/> Clerical/Administrative Services |
| <input type="checkbox"/> Executive/Senior Management | <input type="checkbox"/> Other Professional | <input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production) |
| <input type="checkbox"/> Medical Professional | <input type="checkbox"/> U.S. Government Employee (Federal/State/Local) | <input type="checkbox"/> Sales/Marketing |
| <input type="checkbox"/> Legal Professional | <input type="checkbox"/> Foreign Government Employee (Non-U.S.) | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Accounting Professional | <input type="checkbox"/> Military | <input type="checkbox"/> Other (Please specify): |
| <input type="checkbox"/> Finance Services/Banking Professional | <input type="checkbox"/> Educator | <input type="text"/> |

2. Provide Account Holder Information Continued

To add up to five Secondary Account Holders, please make copies of this page and include them with the completed application.

Secondary Account Holder #1

Title	Name (First)	(Middle)	(Last)
Social Security Number		Date of Birth (mm/dd/yyyy)	
Home Address: Must NOT Contain a P.O. Box		City, State, Zip Code	
Mailing Address if Different from Above		Mailing City, State, Zip Code	
Home Telephone Number		Mobile Telephone Number	
Business Telephone Number		Email Address	

Check here for this Secondary Account Holder #1 to receive paper letters and statements.

Employment Status (REQUIRED--Please select only one.)

Employed
 Self-Employed
 Retired
 Homemaker
 Student
 Not Employed

Employer Name/Business Name

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

<input type="checkbox"/> Business Owner/Self-Employed	<input type="checkbox"/> Information Technology Professional	<input type="checkbox"/> Clerical/Administrative Services
<input type="checkbox"/> Executive/Senior Management	<input type="checkbox"/> Other Professional	<input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)
<input type="checkbox"/> Medical Professional	<input type="checkbox"/> U.S. Government Employee (Federal/State/Local)	<input type="checkbox"/> Sales/Marketing
<input type="checkbox"/> Legal Professional	<input type="checkbox"/> Foreign Government Employee (Non-U.S.)	<input type="checkbox"/> Consultant
<input type="checkbox"/> Accounting Professional	<input type="checkbox"/> Military	<input type="checkbox"/> Other (Please specify):
<input type="checkbox"/> Finance Services/Banking Professional	<input type="checkbox"/> Educator	

3. Authorize Additional Account Users (Optional)

Account Holders may authorize up to four individuals (such as family members or assistants) who may:

- Access Schwab Charitable Client Center
- Recommend grants to eligible charities
- Recommend a portfolio allocation among the investment pools

To add up to four individuals as Additional Account Users, please make copies of this page and include them with the completed application.

Note that Additional Account Users will not succeed Account Holders on the Account unless they are added separately as successors in section 4 by an Account Holder.

Additional Account User #1

Title	Name (First)	(Middle)	(Last)
Social Security Number		Date of Birth (mm/dd/yyyy)	
Home Address: Must NOT Contain a P.O. Box		City, State, Zip Code	
Mailing Address if Different from Above		Mailing City, State, Zip Code	
Home Telephone Number		Business Telephone Number	
Email Address			
<input type="checkbox"/> Check here for this additional Account User to receive paper letters and statements.			

Employment Status (REQUIRED–Please select only one.)

Employed
 Self-Employed
 Retired
 Homemaker
 Student
 Not Employed

Employer Name/Business Name

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

<input type="checkbox"/> Business Owner/Self-Employed	<input type="checkbox"/> Information Technology Professional	<input type="checkbox"/> Clerical/Administrative Services
<input type="checkbox"/> Executive/Senior Management	<input type="checkbox"/> Other Professional	<input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)
<input type="checkbox"/> Medical Professional	<input type="checkbox"/> U.S. Government Employee (Federal/State/Local)	<input type="checkbox"/> Sales/Marketing
<input type="checkbox"/> Legal Professional	<input type="checkbox"/> Foreign Government Employee (Non-U.S.)	<input type="checkbox"/> Consultant
<input type="checkbox"/> Accounting Professional	<input type="checkbox"/> Military	<input type="checkbox"/> Other (Please specify):
<input type="checkbox"/> Finance Services/Banking Professional	<input type="checkbox"/> Educator	

4. Choose Succession Planning Options

Account Holders can choose from four succession planning options upon the death, incapacity, refusal to serve, or other disqualification of all Account Holders on the Account.* Select any combination of the four options listed below and assign a percentage for each option selected. The final amount must total 100%.

If a valid succession plan is not recommended, any remaining assets will be transferred to the Schwab Charitable Philanthropy Fund, Schwab Charitable's unrestricted giving fund. This selection can be changed during the lifetime of the Account Holder(s) via the Update Donor-Advised Account Information form available on schwabcharitable.org.

* All recommendations of charitable beneficiaries and charitable recipients are subject to the approval of Schwab Charitable, in its complete discretion, at the time the recommendation would otherwise take effect.

Succession Planning Snapshot

Complete Section 4A	Option A: Successors and Contingent Successor	Recommend up to four individual Successors to succeed to the Account as Account Holders and/or choose an individual as a Contingent Successor.
Complete Section 4B	Option B: Beneficiaries and Contingent Beneficiary	Recommend up to six charitable organizations as Beneficiaries and/or choose an organization as a Contingent Beneficiary.
Complete Section 4C	Option C: Schwab Charitable Legacy Program	Recommend Schwab Charitable's Legacy Program to extend your giving beyond your lifetime.
Complete Section 4D	Option D: Schwab Charitable Philanthropy Fund	Schwab Charitable's unrestricted giving fund for sponsoring Account Holder and Investment Advisor education and research and making charitable grants.

4. Choose Succession Planning Options Continued

A. Name Individuals as Successors and/or an Individual as Contingent Successor

A new Account will be opened for each designated Successor.

Total % of Account Designated for Successors	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> %
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To add up to four Successors, please make copies of this page and include them with the completed application.

Successor #1

Title	Name (First)	(Middle)	(Last)	Allocation Percentage			
Social Security Number			Date of Birth (mm/dd/yyyy)				
Mailing Address				Mailing City, State, Zip Code			
Telephone Number			Email Address				
<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile							
Relationship to Account Holder							

Successor #2

Title	Name (First)	(Middle)	(Last)	Allocation Percentage			
Social Security Number			Date of Birth (mm/dd/yyyy)				
Mailing Address				Mailing City, State, Zip Code			
Telephone Number			Email Address				
<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile							
Relationship to Account Holder							

Contingent Successor

A Contingent Successor will succeed to the Account only upon the death, incapacity, refusal to serve or other disqualification of all Successors with full privileges. (Only one Contingent Successor per account.)

Title	Name (First)	(Middle)	(Last)				
Social Security Number			Date of Birth (mm/dd/yyyy)				
Mailing Address				Mailing City, State, Zip Code			
Telephone Number			Email Address				
<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile							
Relationship to Account Holder							

4. Choose Succession Planning Options Continued

B. Name Organizations as Beneficiaries and/or Organization as Contingent Beneficiary

Total % of Account Designated for Beneficiaries	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> %
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To add up to six Beneficiaries, please make copies of this page and include them with the completed application.

Beneficiary #1

	<input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> %
Organization Name	Tax ID Number (if applicable)	Allocation Percentage
Address (No P.O. Boxes)	City, State, Zip Code	
Mailing Address if Different from Above	Mailing City, State, Zip Code	
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		

Beneficiary #2

	<input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> %
Organization Name	Tax ID Number (if applicable)	Allocation Percentage
Address (No P.O. Boxes)	City, State, Zip Code	
Mailing Address if Different from Above	Mailing City, State, Zip Code	
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		

Contingent Beneficiary

If, at the time of death, no named Beneficiaries are eligible grant recipients, the Contingent Beneficiary will become the recipient. The Contingent Beneficiary will also succeed to the account in the event that a recommended Successor or Contingent Successor is unable to fulfill the duties of an Account Holder. (Only one Contingent Beneficiary per account.)

	<input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Organization Name	Tax ID Number (if applicable)	
Address (No P.O. Boxes)	City, State, Zip Code	
Mailing Address if Different from Above	Mailing City, State, Zip Code	
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		

5. Recommend Investments

Core Donor-Advised Fund Account (Investment Pools)

If a portfolio allocation is not indicated, Schwab Charitable will allocate 100% of contributions to the Money Market Pool.

Before recommending a portfolio allocation, please visit schwabcharitable.org and review:

- [Investment Options](#)
- [Administrative and Investment Fees](#)
- [Investment Allocation Survey](#)

Administrative fees are charged directly to the investment pools. Refer to the Administrative and Investments Fee link above. You may recommend a change in the portfolio allocation at any time online or by completing the Update Donor-Advised Fund Account Information form on schwabcharitable.org.

Asset Allocation Pools

% of total (whole numbers only)

Conservative Pool	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
Balanced Pool	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
Socially Responsible Balanced Pool	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
Growth Pool	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %

Individual Investment Pools

Index Pools

Income Index Pool	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
Total Market Equity Index Pool	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
International Equity Index Pool	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
Small Cap Equity Pool	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
Inflation Protected Bond Pool	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %

Actively Managed Pools

Short-Term Income Pool	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
Income Pool	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
Large Cap Equity Managed Pool	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
International Equity Managed Pool	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %

Money Market Pool

Money Market Pool	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %
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Total Must Equal 100%

100%

6. Contribute to Account

Contributions to an Account can include marketable securities such as equities, mutual funds, fixed income, and assets that are not publicly traded. To contribute restricted or non-cash assets, call Donor Relations at 800-746-6216 or email us at ask@schwabcharitable.org.

Initial Account contributions must be in the amount of \$5,000 or more, with subsequent contributions at a minimum of \$500. **All contributions are irrevocable** and are generally eligible for a tax deduction.

Donating shares held less than a year may impact your deduction. Consult with your tax advisor.[†]

[†] If you are an executor or personal representative of an estate, or a trustee of a trust, please consult your tax or legal professional for advice as to the timing and/or your authority to make the contribution.

1. Source of Funds (REQUIRED--Please select all that apply.)

Please select all of the original sources of assets that would fund your Account.

- | | | |
|---|---|---|
| <input type="checkbox"/> Salary/Wages/Savings | <input type="checkbox"/> Family/Relatives/Inheritance | <input type="checkbox"/> Gambling/Lottery |
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Investment Capital Gains | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Sale of Property or Business | <input type="checkbox"/> Gifts | <input style="width: 200px;" type="text"/> |

2. Contributions to Your Account

A. Assets From a Charles Schwab & Co., Inc. Brokerage Account

Assets to be transferred may be noted in a spreadsheet which must be signed, dated and returned with this application.

<input style="width: 95%;" type="text"/>	<input style="width: 65%;" type="text"/>
Schwab Brokerage Account Number	Name(s) on Account

1. Stocks, Bonds, Mutual Funds or Other Assets

Description of Assets/Name of Security	Symbol (if applicable)	Number of Shares [§] (mandatory)	Approximate \$ Value (mandatory)	Cost Basis [‡] <small>Include both price and date information if available.</small>	
				Purchase Date	Price per Share
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
			Total		

2. Cash Contribution: \$

[§] Number of shares must be specified. Schwab Charitable will transfer assets based on the number of shares, not the approximate \$ value since security values may fluctuate.
[‡] Cost basis information is optional. Shares will be contributed based on a Schwab client's current cost basis method unless otherwise specified with a given purchase date and cost.

6. Contribute to Account Continued

B. Check or Wire Transfer

Check Enclosed: \$ _____ (Make payable to **Schwab Charitable**. Addresses are in Section 7.)

Wire Transfer: \$ _____ (Wire instructions are in Section 7.)

C. Security Certificates Held in Personal Possession

Please have all registered owners of the donated assets endorse each certificate by writing "Schwab Charitable" between the words "appoint" and "attorney" in the space provided on the back of the certificate. All registered owners must sign and date each certificate exactly as their name appears on the face of the certificate.

Specify Securities

Name of Security	Symbol (if applicable)	Number of Shares	Approximate \$ Value
_____	_____	_____	_____
_____	_____	_____	_____

If you are sending security certificates, send them with this form via registered, certified or overnight mail and request a return receipt.

_____ Total

Note: Securities must be marketable and in most cases penny stock certificates are not accepted.

D. Assets Held at Financial Institutions Other than Charles Schwab & Co., Inc.

For Assets held at financial institutions other than Charles Schwab & Co., Inc., please complete the attached Schwab Charitable [Transfer of Assets](#) form. Accounts will be opened with funding instructions only.

7. Delivery Instructions

Options For Sending Forms

Fax**: (877) 535-3852	Regular Mail: Schwab Charitable P.O. Box 628298 Orlando, FL 32862	Overnight Delivery: Schwab Charitable 1958 Summit Park Dr. Suite 200 Orlando, FL 32810
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Please retain a copy of all original documents for your files.

** For Fax Submissions: It is the intention of each of the signatory Account Holders that Schwab Charitable may rely on a facsimile copy of his or her signature as a binding and enforceable signature, admissible in any proceeding to the same extent as if this form was submitted in manual form.

Instructions for Firms Transferring Assets

All deliveries must include the Account Holder's name and the Schwab Charitable donor-advised fund account number.

<p>Wire Transfer Instructions:</p> <p>Wire to: Citibank N.A. 111 Wall Street New York, NY 10005 800-627-3999 ABA#: 021000089 FBO: Charles Schwab & Co., Inc.</p> <p>Citibank Account: 40553953</p> <p>Donor-Advised Fund Account Number: [] [] [] [] - [] [] [] [] Schwab Charitable</p> <p>Account Holder Name: _____</p> <p>Electronic Funds Transfer^{††}</p> <p>Financial Institution's Name: JPMorgan Chase/Account of Charles Schwab</p> <p>Financial Institution's Address: 211 Main Street, San Francisco, CA 94105</p> <p>Financial Institution's Phone: 1-800-435-4000</p> <p>Schwab's Direct Deposit Transit-Routing Number: 071000013</p> <p>Account Number: 593853800XXXXXXXXX (please replace the "XXXXXXXXX" with the 8-digit Schwab Charitable account number)</p> <p>Account Type: Checking</p> <p><small>†† Be aware that the bank may charge a fee for this transaction. Set up the transfer appropriately - choose either one time or recurring.</small></p>	<p>Forward Checks and Physical Delivery of Securities:</p> <p>Schwab Charitable 1958 Summit Park Dr. Suite 200 Orlando, FL 32810</p> <p>All DTC-Eligible Securities (e.g., Stocks)</p> <p>Deliver to DTC Clearing 0164, Code 40 Tax ID #: 31-1640316 Donor-Advised Fund Account Number: [] [] [] [] - [] [] [] []</p> <p>Please include Schwab Charitable in the delivery instructions.</p> <p>Fed Book-Entry Securities (e.g., Treasury Notes)</p> <p>JPM CHASE/CCC ABA#: 021000018 BK of NYC/CSCHWAB FFC: Donor-Advised Fund Account Number: [] [] [] [] - [] [] [] []</p>
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8. Agree To Terms

General Terms

I hereby request that Schwab Charitable open a donor-advised fund account ("Account") which will constitute a donor-advised fund of Schwab Charitable. I have read and agree to be bound by the terms of Schwab Charitable's Program Policies (the "Program Policies") as currently in effect and as amended from time to time. Specifically, I have read and agree to all Fees and Expenses as described in the Program Policies. I understand that my Account is assessed an annual administrative fee of 60 bps of the Account value or \$100, whichever is greater. This administrative fee is charged to the investment pool on a daily basis and affects the net asset value of my Account pool holdings. If my Account has been charged less than \$100 (prorated for Accounts funded during the year) the difference will be billed to my Account at the end of the fiscal year (June 30). Accounts with assets in excess of \$500,000 are eligible for reduced fees (see our pricing schedule) and receive a quarterly credit for the difference between the reduced fee and the 60 bps charged to the pools.

For Professionally Managed Accounts, quarterly fees are charged directly to the Account and are listed as a separate line item on the Account statements. I will notify Schwab Charitable if I do not understand the Program Policies, which are available online at schwabcharitable.org, and by mail from Schwab Charitable.

This also serves as my written authorization to irrevocably transfer ownership of the assets specified in this form (including restricted stock) to Schwab Charitable. I understand that any contribution, once accepted by Schwab Charitable, represents an *irrevocable contribution* to Schwab Charitable and is not refundable to me for any reason. Incoming stock contributions for Core Accounts are typically sold promptly upon receipt, but Schwab Charitable may sell securities at any time.^{§§} [Note: For assets held in a joint Account, a registered owner of the donated assets must provide a signature, and is acting on behalf of all the registered owners of the assets. For assets held in other types of Accounts, all registered owners must provide a signature. If you are donating security certificates held in personal possession, signature(s) must correspond with the name(s) written on the face of the certificate(s) or bond(s) in every particular without alteration.]

I understand that I may make recommendations concerning the investments in the Account, as well as recommending grants to charitable organizations from the Account. While Schwab Charitable will give careful and thoughtful consideration to all such recommendations, I understand that final decisions concerning the investment of Account assets and all grants from the Account will be made by Schwab Charitable. *I further understand that no recommended grants from the Account may be used to discharge or satisfy a charitable pledge or obligation that is legally enforceable against me or any other person, or to pay for goods or services of value or any other private benefit received by me or any other person affiliated with me.*^{##}

I understand that if there is more than one Account Holder on the Account, each Account Holder has authority, acting individually and without notice to any other Account Holder, to deal with Schwab Charitable as fully and completely as if the Account Holder were the sole Account Holder and may make any changes to the Account (except to remove other Account Holders).

IN CASE OF ERRORS OR DISCREPANCIES: If I find any errors or omissions relating to my Schwab Charitable Account, I must call Schwab Charitable immediately at 800-746-6216. I will notify Schwab Charitable no later than 10 days after the relevant communications are sent or made available to me. I understand that Schwab Charitable will not be liable for any losses that occur because of my failure to promptly notify Schwab Charitable of an error.

I also certify that, to the best of my knowledge, all information represented in connection with this application is accurate, and I will promptly notify Schwab Charitable in writing of any changes.

Schwab Charitable is a 501(c)(3) independent, public charity.

^{§§} This applies to sales of securities for Core Accounts only. The Investment Advisor is responsible for sales of securities for the PMA Accounts.

^{##} "Persons affiliated with me" includes your spouse, ancestors parents, children, grandchildren, great-grandchildren, brothers and sisters, as well as spouses of your children, grandchildren, great-grandchildren, brothers, and sisters. It also includes certain entities in which you or your family members own an interest. See the Program Policies for additional information.

9. Signatures (Mandatory)

All Account holders must sign. To add additional Account Holders signatures, please make copies of this page and include them with the completed application.

X _____ Date (mm/dd/yyyy)

X _____ Date (mm/dd/yyyy)

X _____ Date (mm/dd/yyyy)