

# New Account Application for a Donor-Advised Fund Account



**Use this form to establish a Schwab Charitable™ donor-advised fund 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 [www.schwabadvisorcenter.com](http://www.schwabadvisorcenter.com) (Schwab Advisor Center). **Questions or need assistance?** Call 1-800-746-6216 or email [ask@schwabcharitable.org](mailto:ask@schwabcharitable.org).

## 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 (e.g., ABC Family Charitable Fund). We cannot accept account names with the word "Trust."

Account Name (maximum 75 characters)

## 2. Provide Account Holder Information<sup>1</sup>

**Primary Account Holder** (Default recipient for all account correspondence)

Name First Middle Last

Social Security/Tax ID Number Date of Birth (mm/dd/yyyy) Are you known by another name? (Please specify.)

Home/Legal Street Address (no P.O. boxes)

City State or Province Zip or Postal Code

Mailing Address (Include mailing address if different from home/legal address. P.O. boxes may be used.)

City State or Province Zip or Postal Code

Country(ies) of Citizenship (Must list each separated by a comma.)

USA  Other: \_\_\_\_\_

Home Telephone Number Mobile Telephone Number Business Telephone Number

Email Address

<sup>1</sup>All Account Holders have full and equal account access and privileges. See the *Program Policies* for more information.

**Employment Information** (Please select only one box.) *REQUIRED*

**Employed**    **Self-Employed**    **Retired**    **Homemaker**    **Student**    **Not Employed**

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

**Business Owner/Self-Employed**    **Financial Services/Banking Professional**    **Military**    **Consultant**  
 **Executive/Senior Management**    **Information Technology Professional**    **Educator**    **Other (specify):** \_\_\_\_\_  
 **Medical Professional**    **Other Professional**    **Sales/Marketing** \_\_\_\_\_  
 **Legal Professional**    **Clerical/Administrative Services**    **U.S. Government Employee (Federal/State/Local)**  
 **Accounting Professional**    **Foreign Government Employee (Non-U.S.)**    **Trade/Service (Labor/Manufacturing/Production)**

\_\_\_\_\_  
**Employer Name/Business Name**                      **Business Street Address (no P.O. boxes)**

\_\_\_\_\_  
**City**    **State or Province**    **Zip or Postal Code**

**Important Information About Procedures for Opening an Account:**

To help the government fight the funding of terrorism and money laundering activities, Schwab Charitable obtains, verifies, and records information that identifies each person who opens a donor-advised fund account with us. *What this means for you:* When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

As the primary Account Holder, you will automatically receive electronic copies via email of account statements and letters, as well as grant and contribution correspondence.

By providing your email address, you consent to receiving electronic communications from Schwab Charitable. Opt-out Information is provided at [www.schwabcharitable.org/privacy](http://www.schwabcharitable.org/privacy). Once you open an account, you may request paper communications via the Client Center, or you may contact us at any time at 1-800-746-6216.

**Secondary Account Holder 1** (To add up to five secondary Account Holders, please make copies of this page and include them with the completed application.)

\_\_\_\_\_  
**Name** *First*    *Middle*    *Last*

\_\_\_\_\_  
**Social Security/Tax ID Number**   **Date of Birth (mm/dd/yyyy)**                      **Are you known by another name? (Please specify.)**

\_\_\_\_\_  
**Home/Legal Street Address (no P.O. boxes)**

\_\_\_\_\_  
**City**    **State or Province**    **Zip or Postal Code**

\_\_\_\_\_  
**Mailing Address (Include mailing address if different from home/legal address. P.O. boxes may be used.)**

\_\_\_\_\_  
**City**    **State or Province**    **Zip or Postal Code**

**Country(ies) of Citizenship** (Must list each separated by a comma.)

**USA**    **Other:** \_\_\_\_\_

\_\_\_\_\_  
**Home Telephone Number**                      **Mobile Telephone Number**                      **Business Telephone Number**

\_\_\_\_\_  
**Email Address**

**Employment Information** (Please select only one box.)

**Employed**    **Self-Employed**    **Retired**    **Homemaker**    **Student**    **Not Employed**

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

**Business Owner/Self-Employed**    **Financial Services/Banking Professional**    **Military**    **Consultant**  
 **Executive/Senior Management**    **Information Technology Professional**    **Educator**    **Other (specify):** \_\_\_\_\_  
 **Medical Professional**    **Other Professional**    **Sales/Marketing** \_\_\_\_\_  
 **Legal Professional**    **Clerical/Administrative Services**    **U.S. Government Employee (Federal/State/Local)**  
 **Accounting Professional**    **Foreign Government Employee (Non-U.S.)**    **Trade/Service (Labor/Manufacturing/Production)**

\_\_\_\_\_  
**Employer Name/Business Name**                      **Business Street Address (no P.O. boxes)**

\_\_\_\_\_  
**City**    **State or Province**    **Zip or Postal Code**

Secondary Account Holders will automatically receive electronic copies via email of account statements and letters.

By providing your email address, you consent to receiving electronic communications from Schwab Charitable. Opt-out Information is provided at [www.schwabcharitable.org/privacy](http://www.schwabcharitable.org/privacy). Once you open an account, you may request paper communications via the Client Center, or you may contact us at any time at 1-800-746-6216.

**3. Authorize Additional Account Users<sup>2</sup>** (Optional)

Note that Additional Account Users will not succeed Account Holders on the Account unless they are added separately as successors in Section 5 by an Account Holder.

**Additional Account User 1** (To add up to four Additional Account Users, please make copies of this page and include them with the completed application.)

\_\_\_\_\_  
**Name** *First*    *Middle*    *Last*

\_\_\_\_\_  
**Social Security/Tax ID Number**   **Date of Birth (mm/dd/yyyy)**                      **Are you known by another name? (Please specify.)**

\_\_\_\_\_  
**Home/Legal Street Address (no P.O. boxes)**

\_\_\_\_\_  
**City**    **State or Province**    **Zip or Postal Code**

\_\_\_\_\_  
**Mailing Address (Include mailing address if different from home/legal address. P.O. boxes may be used.)**

\_\_\_\_\_  
**City**    **State or Province**    **Zip or Postal Code**

**Country(ies) of Citizenship** (Must list each separated by a comma.)

**USA**    **Other:** \_\_\_\_\_

\_\_\_\_\_  
**Home Telephone Number**                                      **Mobile Telephone Number**                                      **Business Telephone Number**

\_\_\_\_\_  
**Email Address**

Additional Account Users will automatically receive electronic copies via email of account statements and letters. Opt-out Information is provided at [www.schwabcharitable.org/privacy](http://www.schwabcharitable.org/privacy)

<sup>2</sup>Additional Account Users have limited account access and privileges. See the *Program Policies* for more information.

**Employment Information** (Please select only one box.)

**Employed**    **Self-Employed**    **Retired**    **Homemaker**    **Student**    **Not Employed**

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

**Business Owner/Self-Employed**    **Financial Services/Banking Professional**    **Military**    **Consultant**  
 **Executive/Senior Management**    **Information Technology Professional**    **Educator**    **Other (specify):** \_\_\_\_\_  
 **Medical Professional**    **Other Professional**    **Sales/Marketing** \_\_\_\_\_  
 **Legal Professional**    **Clerical/Administrative Services**    **U.S. Government Employee (Federal/State/Local)**  
 **Accounting Professional**    **Foreign Government Employee (Non-U.S.)**    **Trade/Service (Labor/Manufacturing/Production)**

\_\_\_\_\_  
**Employer Name/Business Name**                      **Business Street Address (no P.O. boxes)**  
 \_\_\_\_\_  
**City**    **State or Province**    **Zip or Postal Code**

**4. Indicate Account as a Beneficiary**

Do you intend to name this Account as a beneficiary to any other type of account?

**Yes**    **No**   (select one)

**5. Choose Succession Planning Options**

Account holders can choose from three 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 three options listed below and assign a percentage for each option selected. The final amount must total 100%.

If account holders do not choose a succession option, Schwab Charitable may, upon the death or disqualification of all account holders, elect to distribute the balance of the account to eligible charities in the Account's grant history. At its discretion, Schwab Charitable may also transfer the account balance to the Philanthropy Fund, as described in the *Program Policies*.

**NOTE:** A **successor** is an **individual** named by an account holder who will exercise the privileges and fulfill the duties associated with an Account Holder once the succession plan has been activated. A **charitable beneficiary** is a **charitable organization** recommended to receive grants once the succession plan has been activated. All recommendations of charitable beneficiaries are subject to the approval of Schwab Charitable, in its sole discretion, at the time the recommendation would take effect. Prior to recommending a charitable beneficiary, consider the following resources: *Granting Guidelines, Explore Charities, Making Informed Granting Decisions.*

**Succession Planning Snapshot**

<p><b>Option A:</b> Successors and/or Charitable Beneficiaries</p>	<p>Recommend up to a combined total of 10 individual successors and/or charitable beneficiaries to the Account. You may also recommend up to a combined total of 10 individual contingent successors and/or contingent charitable beneficiaries.</p>
<p><b>Option B:</b> Schwab Charitable Legacy Program</p>	<p>Recommend Schwab Charitable's Legacy Program to extend your giving beyond your lifetime.</p>
<p><b>Option C:</b> Schwab Charitable Philanthropy Fund</p>	<p>Allocate to Schwab Charitable's giving fund, established to make charitable grants and to sponsor account holder and investment advisor education and research.</p>

Want more detail on the three options? Visit [schwabcharitable.org](http://schwabcharitable.org)

**Allocations for all selected options must total 100% (Options A + B + C)**

**5A. Option A: Name Individuals as Successors and/or Organizations as Charitable Beneficiaries**

Total percentage of Account designated for successors and/or charitable beneficiaries \_\_\_\_\_ %

**Successor 1** (To add up to a combined total of 10 successors and/or charitable beneficiaries, please make copies of this page and include them with the completed application.)

Name *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_ **Allocation\*** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** (*mm/dd/yyyy*) \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State or Province** \_\_\_\_\_ **Zip or Postal Code** \_\_\_\_\_

**Telephone Number**  Home  Business  Mobile \_\_\_\_\_ **Email Address** \_\_\_\_\_

\*May be a decimal, percentage, or fraction.

**Successor 2**

Name *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_ **Allocation\*** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** (*mm/dd/yyyy*) \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State or Province** \_\_\_\_\_ **Zip or Postal Code** \_\_\_\_\_

**Telephone Number**  Home  Business  Mobile \_\_\_\_\_ **Email Address** \_\_\_\_\_

\*May be a decimal, percentage, or fraction.

**Charitable Beneficiary 1** (To add up to a combined total of 10 successors and/or charitable beneficiaries, please make copies of this page and include them with the completed application.)

**Organization Name** \_\_\_\_\_ **Federal Tax ID Number** (*if known*) \_\_\_\_\_ **Allocation\*** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State or Province** \_\_\_\_\_ **Zip or Postal Code** \_\_\_\_\_

**Telephone Number**  Home  Business  Mobile \_\_\_\_\_ **Special Purpose** \_\_\_\_\_

\*May be a decimal, percentage, or fraction.

**Charitable Beneficiary 2**

Organization Name Federal Tax ID Number (if applicable) Allocation\*

Address

City State or Province Zip or Postal Code

Telephone Number  Home  Business  Mobile

Special Purpose

\*May be a decimal, percentage, or fraction.

A contingent succession plan may be enacted if all listed charitable beneficiaries are ineligible and/or all named successors are deceased, unwilling to serve, or otherwise ineligible. Account Holders may add up to a combined total of 10 contingent successors and/or charitable beneficiaries to their Account. Account assets will be divided evenly among all eligible contingent successors and/or charitable beneficiaries. You may designate contingent successors and/or charitable beneficiaries below.

**Contingent Successor 1** (To add up to a total of 10 contingent successors and/or charitable beneficiaries, please make copies of this page and include them with the completed application.)

Name First Middle Last

Social Security Number Date of Birth (mm/dd/yyyy)

Address

City State or Province Zip or Postal Code

Telephone Number  Home  Business  Mobile Email Address

**Contingent Charitable Beneficiary 1** (To add up to a total of 10 contingent successors and/or charitable beneficiaries, please make copies of this page and include them with the completed application.)

Organization Name Federal Tax ID Number (if known)

Address

City State or Province Zip or Postal Code

Telephone Number  Home  Business  Mobile

Special Purpose

**5B. Option B: Recommend the Schwab Charitable Legacy Program**

**Total percentage of Account Designated for the Legacy Program** \_\_\_\_\_ %

The Schwab Charitable Legacy Program requires a minimum account balance of \$100,000.

**New Account Name**

Select a new Account name that will go into effect at the time of activation. Please use the word "Fund" or "Account" in the name (e.g., ABC Family Charitable Fund). We cannot accept account names with the word "Trust."

**Distribution Options:**

\_\_\_\_\_ years  
**Term: Issue grants for a term of** (minimum 5 years)      **Total Annual Distribution Percentage** (minimum 5%)\*

\*May be a decimal, percentage, or fraction.

**Legacy Plan Charitable Beneficiary 1** (To add up to ten charitable beneficiaries, please make copies of this page and include them with the completed application.)

\_\_\_\_\_  
**Organization Name**      **Federal Tax ID Number** (if known)

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**      **State or Province**      **Zip or Postal Code**

\_\_\_\_\_  
**Telephone Number**  Home  Business  Mobile      **Percentage of Total Annual Distribution Legacy Plan Charitable Beneficiary 1\*** %

**Frequency:** (required)      **Acknowledgment:** (required)  
 **Semi-Annual** (grants will go out in March *and* September)       **Anonymous**  
 **Annual: Select one**  **March** *or*  **September**       **Special Account Name**

\*May be a decimal, percentage, or fraction.

**Legacy Plan Charitable Beneficiary 2**

\_\_\_\_\_  
**Organization Name**      **Federal Tax ID Number** (if known)

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**      **State or Province**      **Zip or Postal Code**

\_\_\_\_\_  
**Telephone Number**  Home  Business  Mobile      **Percentage of Total Annual Distribution for Legacy Plan Charitable Beneficiary 2\*** %

**Frequency:** (required)      **Acknowledgment:** (required)  
 **Semi-Annual** (grants will go out in March *and* September)       **Anonymous**  
 **Annual: Select one**  **March** *or*  **September**       **Special Account Name**

\*May be a decimal, percentage, or fraction.

**5C. Option C: Recommend the Schwab Charitable Philanthropy Fund**

**Total percentage of Account Designated for the Schwab Charitable Philanthropy Fund** \_\_\_\_\_ %

This is Schwab Charitable's giving fund, established to make charitable grants and to sponsor Account Holder and Investment Advisor education and research.

## 6. 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 [www.schwabcharitable.org](http://www.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 Investment Fees* link above. You may recommend a change in the portfolio allocation at any time online or by completing the *Update Investment Pools Form* on [www.schwabcharitable.org](http://www.schwabcharitable.org).

#### Asset Allocation Pools

**% of Total** (whole numbers only)

Conservative Pool	_____ %
Balanced Pool	_____ %
Socially Responsible Balanced Pool*	_____ %
Growth Pool	_____ %
<b>Individual Investment Pools-Index Pools</b>	
Income Index Pool	_____ %
Inflation Protected Bond Pool	_____ %
Total Market Equity Index Pool	_____ %
International Equity Index Pool	_____ %
Small Cap Equity Pool	_____ %
<b>Individual Investment Pools-Actively Managed Pools</b>	
Short-Term Income Pool	_____ %
Income Pool	_____ %
Large Cap Equity Managed Pool*	_____ %
International Equity Managed Pool	_____ %
Socially Responsible Fixed Income Pool*	_____ %
<b>Individual Investment Pools-Money Market Pool</b>	
Money Market Pool	_____ %

**Total Must Equal 100%**

**100%**

\*For those interested in socially responsible investing (SRI), we offer three pools with underlying funds supporting SRI mandates. These pools consider not only traditional measures of risk and return but environmental, social, and corporate governance (ESG) factors as well.



**7. 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, please contact Donor Services at 1-800-746-6216 or email us at ask@schwabcharitable.org.

- **All contributions are irrevocable** and are generally eligible for a tax deduction.
- Donating securities 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.

**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"/> Investment Capital Gains      |
| <input type="checkbox"/> Social Security Benefits     | <input type="checkbox"/> Gifts                         |
| <input type="checkbox"/> Sale of Property or Business | <input type="checkbox"/> Gambling/Lottery              |
| <input type="checkbox"/> Family/Relatives/Inheritance | <input type="checkbox"/> Other (please specify): _____ |

**Contributions to Your Account**

Please complete this section if you would like to make an initial contribution to your account, upon account opening, with any of the following three asset/contribution types:

- A. Assets from a Schwab brokerage account
- B. Check or wire transfer
- C. Securities held in personal possession

**STOP!** If you wish to contribute assets held at a non-Schwab financial institution, please use our [Transfer of Assets](#) form.

**7A. 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.

\_\_\_\_\_  
**Schwab Brokerage Account Number**                      **Name(s) on Account**

**Stocks, Bonds, Mutual Funds or Other Assets**

Assets to be transferred may be noted in spreadsheet and attached to this form. Each spreadsheet or attachment must be signed and dated by the account holder(s) authorizing this contribution. Please note that we cannot accept fractional shares for common stocks or ETFs unless the entire position is being contributed. For mutual funds, we can accept the entire position or fractional shares up to three decimal points.

All information below is REQUIRED for proper processing. All listed assets are to be transferred in-kind.				Cost basis* (optional)	
Security (name/description)	Symbol (if applicable)	Number of shares to be transferred	Approximate value (\$)	Acquired date (mm/dd/yyyy)	Price per share (\$)

**Sum of approximate values (\$) (REQUIRED)** \_\_\_\_\_

**Cash contribution \$** \_\_\_\_\_

**TOTAL CASH AND SECURITIES \$** \_\_\_\_\_

\*Cost basis information is optional. Shares will be contributed based on a client's current cost basis method unless otherwise specified with a given purchase date and cost.

**7B. Check or Wire Transfer**

**Check Enclosed:** \$ \_\_\_\_\_ (Make payable to **Schwab Charitable**. See Delivery Instructions in Section 10.)

**Wire Transfer:** \$ \_\_\_\_\_ (See wire instructions in Section 10.)

**7C. Security Certificates Held in Personal Possession**

Please have all registered owners of the security certificates endorse each certificate by writing "Schwab Charitable Fund" 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 Dollar Value
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total</b>			_____

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

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

**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. This administrative fee is charged to the investment pool on a daily basis and affects the net asset value of my Account pool holdings. 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 [www.schwabcharitable.org](http://www.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, but not limited to, restricted stock or non-cash assets) 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 securities contributions for Core Accounts are typically liquidated promptly upon receipt, however Schwab Charitable determines when to liquidate and may do so at any time.<sup>1</sup> (Note: For assets held in a joint account, a registered owner of such assets must provide a signature and be 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 recommend 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 Disqualified Person.*<sup>2</sup>

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 1-800-746-6216. 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.

<sup>1</sup>This applies to sales of securities for Core Accounts only. The Investment Advisor is responsible for sales of securities for the Professionally Managed Accounts.

<sup>2</sup>A "Disqualified Person" includes Account Holder(s), those with advisory privileges on the account ("Donor-Advisor(s)"), family members of Account Holder(s) or Donor-Advisor(s), and/or their 35% controlled affiliated entities. "Family members" means spouses, domestic partners, ancestors, children, grandchildren, great grandchildren, brothers, and sisters, as well as the spouses or domestic partners of children, grandchildren, great grandchildren, brothers, and sisters.

**9. Signatures (Required)**

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

**X** \_\_\_\_\_  
**Signature: Primary Account Holder** **Today's Date** (mm/dd/yyyy)

\_\_\_\_\_  
**Print Name** **Title**

**X** \_\_\_\_\_  
**Signature: Secondary Account Holder** **Today's Date** (mm/dd/yyyy)

\_\_\_\_\_  
**Print Name** **Title**

**X** \_\_\_\_\_  
**Signature: Secondary Account Holder** **Today's Date** (mm/dd/yyyy)

\_\_\_\_\_  
**Print Name** **Title**

## 10. Delivery Instructions

### Options for Sending Forms

<b>Fax:*</b> 1-877-535-3852	<b>Regular Mail:</b> Schwab Charitable P.O. Box 628298 Orlando, FL 32862	<b>Overnight Delivery:</b> 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 were 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.

#### Wire Transfer

Wire to: Citibank N.A.  
 111 Wall Street  
 New York, NY 10005  
 1-800-627-3999  
 ABA#: 021000089  
 Citibank Account Number: 40553953  
 FFC Schwab Charitable  
 FBO: XXXXXXXX (please use 8-digit Schwab Charitable account number)

#### Electronic Funds Transfer EFT

Transfer to: JPMorgan Chase/Account of Charles Schwab  
 211 Main Street  
 San Francisco, CA 94105  
 1-800-435-4000

**Schwab's Direct Deposit Transit Routing Number:** 071000013  
**Account Number:** 593853800XXXXXXX (please replace the "XXXXXXX" with the 8-digit Schwab Charitable account number)  
**Account Type:** Checking

Be aware that the bank you use for this EFT may charge a fee for this transaction. Set up the EFT appropriately: choose either one time or recurring.

#### Physical Checks and Securities

Please make checks payable to Schwab Charitable. Include the account number or Special Account Name in the memo field of the check.

Schwab Charitable  
 1958 Summit Park Dr., Suite 200  
 Orlando, FL 32810

or

Schwab Charitable  
 P.O. Box 628298  
 Orlando, FL 32862

#### DTC-Eligible Securities (e.g., stocks)

DTC Clearing 0164, Code 40  
 Tax ID #: 31-1640316

#### Fed Book-Entry Securities (e.g., Treasury Notes)

JPM CHASE/CCC  
 ABA#: 021000018 BK of NYC/CSCHWAB  
 FFC: XXXXXXXX (please use 8-digit Schwab Charitable account number)

Schwab Charitable is the name used for the combined programs and services of Schwab Charitable Fund™, an independent nonprofit organization recognized as a tax-exempt public charity as described in Sections 501(c)(3), 509(a)(1), and 170(b)(1)(A)(vi) of the Internal Revenue Code. Schwab Charitable Fund has entered into service agreements with certain affiliates of The Charles Schwab Corporation.