



Contribution Transmittal Form

www.schwab.com 1-800-435-4000 (inside the U.S.) +1-415-667-8400 (outside the U.S.) 1-888-686-6916 (multilingual services)
1-800-515-2157 (Schwab Alliance for clients of Investment Advisors)

- Use this form when making contributions to employee (a.k.a. participant)—including business owner—accounts. To allow for timely processing, be sure to complete all requested information. Do not use this form to place trade instructions.
- Make a photocopy of this form for future use, or visit www.schwab.com to download additional copies.
- Use a separate form for each plan year.
- Make your checks payable to Charles Schwab & Co., Inc.
- Mail this form and your check to your nearest Schwab Operations Center using the following addresses:

Charles Schwab & Co., Inc.
P.O. Box 628291
Orlando, FL 32862-8291

Charles Schwab & Co., Inc.
P.O. Box 982600
El Paso, TX 79998-2600

1. Employer Information

Business Name of Employer _____ Employer's Federal Tax ID Number (EIN) _____

Business Street Address _____ City _____ State _____ Zip Code _____ Business Telephone Number _____

Plan/Account Type (choose one only)

- Schwab Individual 401(k) Schwab Keogh Schwab QRP Money Purchase Schwab QRP Profit Sharing Schwab SEP-IRA
- Company Retirement Account (including Pension Trust)

2. Contribution Information

The contributions listed below should be credited for the following plan year: _____

Employee Name	Employee's Schwab Account Number	Employee's Social Security Number	Elective Deferral Contribution	Employer Contribution	Total Contribution
Example: Ann Smith	XXXX-XXXX	XXX-XX-XXXX	\$250.00	\$250.00	\$500.00
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

Employee Name	Employee's Schwab Account Number	Employee's Social Security Number	Elective Deferral Contribution	Employer Contribution	Total Contribution
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

3. Employer Authorization

I authorize and direct Schwab to deposit the dollar amounts as designated above. I understand that it is my responsibility to ensure that the contribution instructions are correct and submitted to Schwab in a timely manner. I agree that Schwab will not be held responsible for delays in depositing contributions if Schwab finds the contribution instructions unclear or incomplete. I indemnify and hold Schwab harmless for any loss, claim, expense or other liability that may arise from Schwab acting upon my instructions and complying with any applicable laws and regulations that require reporting of contributions.

Signature and Date Required

X _____
 Signature: Employer or Authorized Representative of Employer Print Name Today's Date (mm/dd/yyyy)

4. Return Instructions

Return the signed, completed form to your nearest Schwab branch (visit www.schwab.com/branch for locations), to your Investment Advisor, if applicable, or mail it to any of the following addresses:

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| Regular Mail (West)
Charles Schwab & Co., Inc.
Attn: Document Control
P.O. Box 982600
El Paso, TX 79998-2600 | Overnight Mail (West)
Charles Schwab & Co., Inc.
Attn: Document Control
1945 Northwestern Drive
El Paso, TX 79912 | Regular Mail (East)
Charles Schwab & Co., Inc.
Attn: Document Control
P.O. Box 628291
Orlando, FL 32862-8291 | Overnight Mail (East)
Charles Schwab & Co., Inc.
Attn: Document Control
1958 Summit Park Dr., Ste. 200
Orlando, FL 32810 |
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