

Education Savings Account (ESA) Designated Beneficiary/ Authorized Person LOA Form

charles SCHWAB

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1-800-694-9449
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- This form allows you to:
 - Request a transfer of ownership to a previously named Successor Designated Beneficiary
 - Name or update the Successor Designated Beneficiary to the existing ESA account
 - Name a successor Authorized Person to act in the event of the incapacitation, death or resignation of the current Authorized Person
- Remember to sign the completed information as indicated on this form.

1. Provide Current Education Savings Account Information

Minor Account Holder's Information

Name (First)	(Middle)	(Last)
ESA Account Number		

Authorized Person's Information

Name (First)	(Middle)	(Last)
Home Telephone Number ()	Business Telephone Number ()	

2. Transfer Ownership to the Successor Designated Beneficiary of the ESA Account

- The Successor designation must have been made while the original Designated Beneficiary was alive.
- **Authorized Person must also complete a new ESA application in the name of the Successor Designated Beneficiary.**

This is my Written Authorization to transfer ownership to the Successor Designated Beneficiary of this Education Savings Account.

New Designated Beneficiary's Information

Name (First)		(Middle)	(Last)	
Home Street Address (no P.O. boxes)		City	State	Zip Code
Social Security/Tax ID Number	Relationship to Minor Account Owner*	Telephone Number ()	Date of Birth (mm/dd/yyyy)	
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		

Signature and Date Required

X
Authorized Person's Signature _____ Print Name _____ Date _____

3. Name a Successor Designated Beneficiary to the ESA Account

- The designation of a Successor Designated Beneficiary must be made while the original Minor Account Holder is alive and under age 30 (other than a special needs beneficiary).

This is my written Authorization to designate the Qualified Family Member* below as the Successor Designated Beneficiary of the current Designated Beneficiary's ESA account upon his/her death.

Subsequent Designated Beneficiary's Information

Name (First)		(Middle)	(Last)	
Social Security/Tax ID Number				
Home Street Address (no P.O. boxes)		City	State	Zip Code
Relationship to Minor Account Owner*	Telephone Number ()	Date of Birth (mm/dd/yyyy)		
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		

*Must be a qualified member of the current Designated Beneficiary's family. Includes spouse of the Designated Beneficiary and any child, grandchild, stepchild, sibling (full, half or step), parent, grandparent, stepparent, niece or nephew, aunt or uncle, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law of the Designated Beneficiary, the spouse of any such individual and the first cousins (but not their spouses) of the Designated Beneficiary.



3. Name a Successor Designated Beneficiary to the ESA Account (Continued)

I elect that if the current Designated Beneficiary dies, the interest in the Charles Schwab ESA will become the property of:

- The Successor Designated Beneficiary, if he or she survives;

If no Successor Designated Beneficiary survives, or if the Authorized Person cannot locate the Successor Designated Beneficiary, then the Authorized Person will distribute the benefits to:

- The current Designated Beneficiary's estate.

I, the Authorized Person, reserve the right to revoke or change this beneficiary designation at any time. I further understand that any change or revocation will not be effective until it is received in writing by Charles Schwab & Co., Inc.

The designation revokes all prior beneficiary designations (if any).

I understand that if Schwab determines that the beneficiary designation is not clear with respect to the date on which the distribution shall be made or the identity of the party who will receive the distribution, Schwab will have the right, in its sole discretion, to consult counsel and to institute legal proceedings to determine the proper distribution of the account, all at the expense of the account, before distribution or transferring the account.

Signature and Date Required

X Authorized Person's Signature	Print Name	Date
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4. Nominate a Successor Authorized Person

Use this section to designate a Successor Authorized Person to act on this account in the event of your incapacity, death, resignation or removal as Authorized Person. This is a nomination only. To activate the role of a Successor Authorized Person, the account registration must be changed once the Successor Authorized Person accepts this role, and signs an ESA account application.

I hereby nominate as Successor Authorized Person of the account:

Name of Successor Authorized Person

This designation shall take effect as to this account in the event of my incapacity, death, resignation or removal as Authorized Person.

IN WITNESS THEREOF, I have executed this Designation of Successor Authorized Person form on _____ (mm/dd/yyyy)

The witness may NOT be the individual designated as the Successor Authorized Person and must be at least 18 years of age.

Signature(s) and Date(s) Required

X Current Authorized Person's Signature	Print Name	Date
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X Witness's Signature	Print Name	Date
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FOR CHARLES SCHWAB USE ONLY:											
Branch Office and Account Number											

