

Update Schwab Charitable Account Information



This form may be used to add, remove, or change account holders, additional account users, and/or contact information associated with your Schwab Charitable™ donor-advised fund account. You may also use this form to update the name of your account.

It may also be used to update **employment status** and **occupation** information.

Personal and contact information can also be easily updated online by logging in to your account at www.schwab.com.

- If you need to update information regarding your Investment Advisor, please use the *Update Your Investment Advisor form*.
- If you need to update your investment pool allocations, please use the *Update Investment Pool Allocation form*.
- If you need to update your succession plan, you may easily and quickly do so online in the Client Center or by completing and returning the *Update Succession Plan form*.

Questions or need assistance? Call 1-800-746-6216 or email ask@schwabcharitable.org.

1. Tell Us About Your Schwab Charitable Account

Account Holder Name(s) _____ **Account Number** _____

2. Update Account Name

When granting to charity, you 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 _____

3. Account Holder Change

You may have a total of **six** account holders. If you have more than one update, please complete a copy of the appropriate page(s) for each account holder change.

- Add a new account holder: Complete information below** (*signatures from a current account holder and the new account holder are required*)
- Update account holder contact information: Provide new information below** (*a signature from the account holder updating their information is required*)
- Remove an account holder: Name** _____ (*a signature from the account holder being removed is required*)

Your signature is required at the end of this form.

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.*) _____

<hr/> City	<hr/> State or Province	<hr/> Zip or Postal Code
<hr/> Country(ies) of Citizenship (Must list each separated by a comma.)		
<input type="checkbox"/> USA <input type="checkbox"/> Other: _____		
<hr/> Home Telephone Number	<hr/> Mobile Telephone Number	<hr/> Business Telephone Number
<hr/> Email Address		
<hr/> Employment Information (Please select only one box.)		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed		
<hr/> 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"/> Financial Services/Banking Professional	<input type="checkbox"/> Military <input type="checkbox"/> Consultant
<input type="checkbox"/> Executive/Senior Management	<input type="checkbox"/> Information Technology Professional	<input type="checkbox"/> Educator <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Other Professional	<input type="checkbox"/> Sales/Marketing
<input type="checkbox"/> Legal Professional	<input type="checkbox"/> Clerical/Administrative Services	<input type="checkbox"/> U.S. Government Employee (Federal/State/Local)
<input type="checkbox"/> Accounting Professional	<input type="checkbox"/> Foreign Government Employee (Non-U.S.)	<input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)
<hr/> Employer Name/Business Name	<hr/> Business Street Address (no P.O. boxes)	
<hr/> City	<hr/> State or Province	<hr/> Zip or Postal Code

4. Additional Account User Change

You may authorize up to **four** individuals to be additional account users. If you have more than one update, please complete a copy of the appropriate page(s) for each account holder change.

Add a new account user: Complete information below (a signature from an account holder is required)

Update account user contact information: Provide new information below (a signature from the account user updating their information is required)

Remove an account user: Name _____ (a signature from an account holder is required)

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.) <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed		
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"/> Financial Services/Banking Professional <input type="checkbox"/> Military <input type="checkbox"/> Consultant <input type="checkbox"/> Executive/Senior Management <input type="checkbox"/> Information Technology Professional <input type="checkbox"/> Educator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Medical Professional <input type="checkbox"/> Other Professional <input type="checkbox"/> Sales/Marketing <input type="checkbox"/> Legal Professional <input type="checkbox"/> Clerical/Administrative Services <input type="checkbox"/> U.S. Government Employee (Federal/State/Local) <input type="checkbox"/> Accounting Professional <input type="checkbox"/> Foreign Government Employee (Non-U.S.) <input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)		
Employer Name/Business Name	Business Street Address (no P.O. boxes)	
City	State or Province	Zip or Postal Code

5. Signature

An account holder must sign this form in all cases, except for updates to an additional account user's contact information.

By signing below, I/we acknowledge and understand that:

- These changes, once made by Schwab Charitable, will be subject to all the terms and conditions that apply to the Account.
- I am responsible for ensuring that any new account holder or account user has read the Schwab Charitable *Program Policies* in its entirety and complies with all terms and conditions applicable to the Account.
- 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 is the sole Account Holder and may make any changes to the Account (except to remove other Account Holders).
- If I/we find any errors or omissions relating to my/our Schwab Charitable Account, I/we must call Schwab Charitable immediately at 1-800-746-6216. I/we will notify Schwab Charitable no later than ten (10) days after the relevant communications are sent or made available to me/us. I/we understand that Schwab Charitable will not be liable for any losses that occur because of my/our failure to promptly notify Schwab Charitable of an error.

By signing below, I also certify that, to the best of my knowledge and belief, all information provided on this form is true, correct, and complete; and that Schwab Charitable may rely on this certification and the provided information without further investigation or inquiry.

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

Print Name **Title**

X _____
Signature: Additional Account Holder **Today's Date** (mm/dd/yyyy)

Print Name **Title**

6. Options for Sending Forms

Return Instructions:	Fax:*	Regular Mail:	Overnight Delivery:
<p>Upload online with secure messaging (if you are an existing client and have online access to your account).</p> <ol style="list-style-type: none"> 1. Go to www.schwab.com and log in to your account. 2. Click Message Center (under the Services tab), and then click Upload Document. 3. Select your Charitable Account in the drop-down menu of accounts. 	<p>1-877-535-3852</p>	<p>Schwab Charitable P.O. Box 628298 Orlando, FL 32862</p>	<p>Schwab Charitable 1958 Summit Park Dr., Suite 200 Orlando, FL 32810</p>

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.

Schwab Charitable is the name used for the combined programs and services of Schwab Charitable Fund™ an independent nonprofit organization. Schwab Charitable Fund has entered into service agreements with certain subsidiaries of The Charles Schwab Corporation.