

# 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.

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](http://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](mailto:ask@schwabcharitable.org).

## 1. Tell Us About Your Schwab Charitable Account

Account Holder Name(s)

Account Number

## 2. 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.)

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**

**3. 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**



## 5. Options for Sending Forms

Return Instructions:	Fax:*	Regular Mail:	Overnight Delivery:
Upload online with secure messaging (if you are an existing client and have online access to your account). 1. Go to <a href="http://www.schwab.com">www.schwab.com</a> 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.	1-877-535-3852	Schwab Charitable P.O. Box 628298 Orlando, FL 32862	Schwab Charitable 1958 Summit Park Dr., Suite 200 Orlando, FL 32810

**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.