

Update Succession Plan

This form may be used to amend a succession plan on a Schwab Charitable™ donor-advised fund account.

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 recent grant history. At its discretion, Schwab Charitable may also transfer the account balance to the Philanthropy Fund, Schwab Charitable's unrestricted giving fund.

All recommendations of charitable beneficiaries and charitable recipients are subject to the approval of Schwab Charitable, in its sole discretion, at the time the recommendation would take effect.

Succession Planning Snapshot

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

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. Option A: Name Successors And/Or Charitable Beneficiaries

Total percentage of account designated for successors and/or charitable beneficiaries _____ %

Successor 1 (To add up to a 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 _____

Relationship to Account Holder _____

*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 _____

Relationship to Account Holder

*May be a decimal, percentage, or fraction.

Charitable Beneficiary 1 (To add up to a total of 10 successors and/or contingent 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 _____

*May be a decimal, percentage, or fraction.

Charitable Beneficiary 2

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

Address _____

City _____ State or Province _____ Zip or Postal Code _____

Telephone Number Home Business Mobile _____

*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 total of 10 contingent successors and/or charitable beneficiaries to their account. Account assets will be divided evenly among all eligible successors and/or charitable beneficiaries. You may designate contingent successors and/or beneficiaries below.

Contingent Successor (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 _____

Relationship to Account Holder _____

Contingent Charitable Beneficiary (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 _____

3. 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 for core accounts and \$250,000 for professionally managed accounts.

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%)

Legacy Plan Charitable Beneficiary 1

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: Semi-Annual (grants will go out in March and September) Annual: Select one March or September

Acknowledgment: Anonymous Special Account Name

Legacy Plan Charitable Beneficiary 2 (To add up to six 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 for Legacy Plan Charitable Beneficiary 2 _____ %

Frequency: Semi-Annual (grants will go out in March and September) Annual: Select one March or September

Acknowledgment: Anonymous Special Account Name

4. Option C: Recommend The 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.

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

5. Agree To Terms

An account holder must sign this form in all cases, except for updates to an 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 all Account Holders and Additional Account Users have 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 800-746-6216. I/we will notify Schwab Charitable no later than 10 days after the relevant communications are sent or made available to me/us. I 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 _____ **Today's Date (mm/dd/yyyy)**

Signature: Account Holder

_____ **Title**

Print Name

6. Options for Sending Forms

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