Letter of Authorization (LOA)
For Movement of Funds in Schwab Accounts

charles SCHWAB

· **Remember to sign the completed application on page 2 of this form.**

· **NOTE:** Distribution forms may be required for retirement accounts. **Call 1-800-435-4000** to request the correct form.

www.schwab.com
1-800-435-4000 (inside the U.S.)
+1-602-355-7300 (outside the U.S.)
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1. This Is My Written Authorization to Transfer Assets As Described in Section 2 or 3.

Schwab Account Number	Home Telephone Number ( )	Business Telephone Number ( )	Other Telephone Number Where You Can Be Reached Immediately ( )

Name(s) on Your Schwab Account (as they appear on your statement)

2. Select One-Time Transfer or Recurring Authorization to Transfer. Shares will be transferred based on the current cost basis method on the account.

Schwab may need to contact you to verify your request to transfer assets to a third party.

Transfer funds to:

Schwab Account Number	In the Name of

☐ **One-Time Transfer**

    ☐ All Assets (cash balance and security positions)

    ☐ Cash Amount: $ _____

    ☐ Please close this account.

        · Funds must be cleared on transfer date.

        · Please call 1-800-435-4000 if you need to sell securities to cover this amount.

    ☐ Security Position(s): _____ shares of _____

    _____ shares of _____

    _____ shares of _____

☐ **Recurring Authorization to Transfer**

(This service available for CASH only and may be terminated at any time by calling 1-800-435-4000.)

Cash Amount: $ _____

· Funds must be cleared on transfer date.

· Please call 1-800-435-4000 if you need to sell securities to cover this amount.

Select only one of the following options:

☐ Monthly Beginning _____

☐ Quarterly Beginning _____

☐ Annually Beginning _____

☐ Semi-monthly on 1st Transfer Day _____ and 2nd Transfer Day _____

☐ Semi-annually on 1st Transfer Day _____ and 2nd Transfer Day _____

☐ Last Business Day of Each Month Beginning _____

☐ Other: Every _____ Calendar Days (3-364) Beginning _____

☐ **Other Transfers Between Accounts**

Check this box to provide recurring authorization to transfer funds between accounts according to parameters other than those set forth above. Please describe the parameters clearly in the space below. Schwab may need to obtain your verbal authorization before initiating EACH transfer.

_____

_____

_____

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3. Third-Party Check Disbursement

NOTE: Verification required prior to processing.

Issue Check for: $ _____   Made Payable to: _____

To Be Picked Up by: _____

Select one of the following options:

☐ Pick up at a local branch: _____

☐ Mail to the following address (if different from address displayed on your statement):

Home Street Address	City	State	Zip Code

4. Read and Sign Below

I understand that, in most cases, Schwab will make the transfers on the days and for the amounts that I specify. A scheduled transfer that falls on a weekend or Schwab holiday is made the next business day. If I do not have sufficient available funds in my account to cover a transfer, Schwab may not complete the transfer.

I further acknowledge that I may cancel this service at any time by calling Schwab at 1-800-435-4000 or writing to Schwab at the address noted on my statement.

If this is a Custodial account, I acknowledge and agree that any funds or securities transferred out of the account, and into the account of the custodian or other account, shall be used or applied solely for the benefit of the minor.

Signature(s) and Date(s) Required

X
Account Holder Signature   Print Name   Date

X
Additional Account Holder Signature   Print Name   Date

Area Below for Schwab Use Only

Schwab Verification Stamp

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