CLEAR PRINT

Third-Party Release Form

www.schwab.com 1-800-435-4000 (inside the U.S.) **+1-415-667-8400** (outside the U.S.) **1-888-686-6916** (multilingual services)

Clients of independent investment advisors, contact your advisor directly or Schwab Alliance at 1-800-515-2157.

This form is to be used to relinquish ownership and deposit a certificate(s) into a Schwab brokerage account.
(Note: Trust-registered certificates, restricted shares, and penny stocks cannot be deposited into a third-party account.)

Investment Advisor ("IA") Information (This portion to be completed by IA.)

IA Firm Name *(Please print.)*

IA Master Account Number | **Service Team**

IA Contact Name *(if follow-up is required)* | **IA Telephone Number** | **IA Email Address**

1. Schwab Account Holder

Complete this section after the registered owner(s)/agent(s) has completed Section 2 below.

Schwab Account Number | **Account Registration**

2. Registered Owner(s)/Agent(s)

Each registered owner/agent of the certificate(s) must complete a separate form.

Step 1: Complete either A or B depending on the ownership indicated on the certificate registration.

A. Non-Entity-Registered Owners (Individual, Joint Tenants, Tenants in Common, etc.)

I, _____ , request that you deposit _____ of
(Registered Name on the Certificate[s]) *(Number of Shares/Face Value)*

_____ into the account referenced above.
(Name of Company/Issuer)

B. Entity-Registered Owners (LLC/LLP, Corporation, Estate, etc. **Note:** Other supporting documents may be required for entity-registered ownership.)

I, _____ , am a duly authorized agent and warrant that I am authorized to sign this Third-Party Release Form on behalf of
_____ and request that you deposit _____ of
(Entity Name Registered on the Certificate[s]) *(Number of Shares/Face Value)*

_____ into the account referenced above.
(Name of Company/Issuer)

Step 2: Complete all questions (required for processing).

Are you a director, 10% shareholder, or policy-making officer of this company? ☐ **No** ☐ **Yes**

What is your relationship with the Schwab account holder(s)?

Why are you relinquishing ownership of this certificate?

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Date of Birth *(mm/dd/yyyy)* **Home/Legal Address**

City **State or Province** **Country** **Zip Code**

Step 3: Provide signature, date and notarization. **(Required.)** Signature must correspond with the owner listed on the face of the certificate(s) or supporting documentation, without alteration. A separate notarized form is required for each registered owner/agent.

✘

Signature: Certificate Owner or Agent **Today's Date** *(mm/dd/yyyy)*

Print Name

Notice to CA Residents: A notary public or other officer completing this certificate verifies only the identity of the individual(s) who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Certificate of Acknowledgment of Notary Public*

State of , **in the County of** , **On** *(mm/dd/yyyy)* ,

the above-named individual(s) personally appeared before me and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

✘

Signature: Notary **Today's Date** *(mm/dd/yyyy)*

Print Notary Name **My Commission Expires** *(mm/dd/yyyy)*

*If your state law permits, notaries may attach the appropriate notarizing declaration in lieu of this notarization.

(NOTARY SEAL)

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