

3. Bank Information

- To establish bank services enclose a preprinted voided check. Complete this section to add, change, or delete bank information.
- If you select "Add" below, your new bank information will be added to the existing list of bank accounts on file, if any. To replace all existing bank account information on file with new bank instructions, please select "Change" below.
- Anyone can make contributions to a Schwab 529 Plan Account at any time if bank instructions are on file. If the bank account owners are not the same as the Schwab 529 Plan Account Owners, bank instructions will be established only for investments.
- All Schwab 529 Account Owners and bank account owners, if different, must sign this form to establish bank services.
- At least one of the 529 Account Owners must be listed on the bank account registration to withdraw funds from the 529 account to the bank account. You can begin using ACH services for withdrawals seven calendar days after American Century Services, LLC (American Century) or its designee approves and processes this form. Once the withdrawal is transmitted, the monies usually reach your bank within three to five business days. This authorization applies to all Schwab 529 Plan Accounts listed under the Account Owner's Social Security number on this form.

Add Change Delete

- Enclose a voided preprinted check.

Important: By completing this form, you agree and confirm that your ACH transactions will not involve the branches or offices of a bank or other financial services company, located outside the territorial jurisdiction of the United States.

Bank Name

4. Recurring Contributions

- Complete this section to add, change, or delete a recurring contribution from your bank account. This can also be done by accessing your account online at **schwab.com**.
- Account Owners, family members, and friends can all contribute to a Schwab 529 Plan Account through a recurring contribution. To add a bank account, complete **Section 3**.
- Your minimum contribution must be at least \$25.
- Recurring contributions will be unavailable for withdrawal for seven calendar days following the date of purchase.

Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market.

Initiate recurring contributions from your bank or Schwab One Checking account, or your account at another financial institution, into your Schwab 529 Plan Account. *(Check all that apply.)*

Establish a recurring contribution on my account according to the instructions below using the existing bank account on file.

Add a recurring contribution on my account using the bank information provided on the enclosed voided check.

Change my investment amount, frequency, and/or debit date. *(Provide the new amount and/or debit date below.)*

Note: If you wish to skip a scheduled contribution, please call **1-888-903-3863** or go online at **schwab.com**.

Delete my recurring contribution.

Amount of Investment: \$,

Frequency *(Check one):* Monthly Quarterly Semi-Annually Annually

Start Date:* — —

Date *(mm/dd/yyyy)*

*Your instructions must be received at least three business days prior to the indicated start date; otherwise, debits from your bank account will begin the following month on the day specified. If a date is not specified, the investment will be made on the 15th of the month. If the date you select falls on a weekend or a holiday, the investment will be made the next business day. The frequency is based on the start date, not calendar year.

Recurring Contributions *(Continued)*

Annual Increase. You may increase your contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated. A confirmation of this increase will be sent to you a month before it is scheduled to begin.

Amount of Increase: \$

Month:**

** The month in which your contribution will be increased. The first increase will occur at the first instance of the month selected. Annual increases are subject to the general contribution limits of the Schwab 529 Plan and will also count toward annual federal gift tax exclusion limits.

5. Systematic Withdrawal Plan

- Complete this section to add, change, or delete periodic withdrawals from your Schwab 529 Plan Account.
- We are required to file IRS Form 1099-Q annually for withdrawals taken from your Schwab 529 Plan Account.
- If the balance on the investment portfolio is less than the Systematic Withdrawal amount specified, the Systematic Withdrawal instructions will be stopped.

Add Change Delete

Important: Withdrawals will be delayed if you are distributing contributions that have not been in the Account at least seven calendar days or if you have requested the withdrawal to be sent to an address that has changed within the past 10 calendar days. The withdrawal will be released when the specified waiting period has been satisfied.

Frequency *(Check one.):* Monthly Quarterly Semi-Annually Annually

Dollar Amount: \$

Start Date:* — —
Date (mm/dd/yyyy)

End Date *(Optional):* — —
Date (mm/dd/yyyy)

*Your instructions must be received at least three business days from the requested start date. This is the date that your assets will be withdrawn from your Schwab 529 Plan Account. Your withdrawal will be processed on the 15th of the month, unless you specify another date above. If the date falls on a weekend or holiday, it will be processed on the following business day. The frequency is based on the start date, not calendar year.

Systematic Withdrawal Plan *(Continued)*

I authorize the Schwab 529 Plan to withdraw from the following Investment Option(s).

Investment Option

\$,
Amount**

Investment Option

\$,
Amount**

Investment Option

\$,
Amount**

**Please specify only dollar amounts, not percentages.

Payee and Payment Method. *(Choose One.)*

A. By electronic transfer to Bank Account of Account Owner or Designated Beneficiary.

Important: Electronic payment by Automated Clearing House (ACH) is available only if you already have established this service for your Account. It may take three to five business days for the proceeds of the withdrawal to transmit to your bank account. If the service has not been established for at least seven calendar days, your withdrawal will be sent by check. To establish bank services, complete **Section 3**. Payment by ACH to an eligible educational institution is not available.

Please confirm bank information on file:

Bank Name

Bank Routing Number

Bank Account Number

Account Type:
(Check One.) Checking Savings

B. By Check to Account Owner, Designated Beneficiary, or Eligible Educational Institution. *(Choose one.)*

Please check this box if you would like your check sent by expedited delivery to the payee indicated below (no P.O. mailboxes permitted). A \$10 fee will be applied to your account. With expedited delivery, your withdrawal check should be received within three business days once your request is received in good order and processed.

7. Signature — YOU MUST SIGN BELOW

I (We) certify that I (we) have read and understand, consent, and agree to all terms and conditions of the Schwab 529 Plan Guide and Participation Agreement and understand the rules and regulations governing withdrawals from my (our) Schwab 529 Plan Account. I (We) also certify that the information provided on this form is accurate and hereby instruct the Schwab 529 Plan to distribute my (our) Account as I (we) have indicated.

I (We) certify that any ACH transactions will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.

All Account Owners must sign below to establish banking instructions.

SIGNATURE

Signature of Primary 529 Plan Account Owner/Responsible Individual/Trustee/Custodian

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of 529 Plan Joint Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Signature(s) of Bank Account Owners (complete only if different than the Schwab 529 Plan Account Owners).

By signing below, I (we) acknowledge that my (our) bank account information will be recorded on the Schwab 529 Plan account(s) referenced in **Section 1**, for contributions only. I (We) understand that by agreeing to record my (our) bank account information in the account records, contributions into the Schwab 529 Plan account can be initiated by me (us) or by the account owner(s) of the Schwab 529 Plan account(s). I (We) hereby consent to all such debits to my(our) bank account.

I (We) agree to defend, hold harmless and indemnify the Schwab 529 Plan, American Century Investment Services, Inc., Charles Schwab & Co., Inc., their officers, agents, employees, affiliates and successors from all losses, claims, expenses and liabilities that I (we) may suffer as a result any such debit to my(our) bank account.

SIGNATURE

Signature of Bank Account Owner, if different from above

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Bank Account Owner, if different from above

□□ — □□ — □□□□

Date (mm/dd/yyyy)