Schwab 529 College Savings Plan

Account Features Form



- Use this form to add, change, or delete important Account features and services. Please refer to **Section 2** for more details.
- Any updated Features or Services will apply to all accounts listed in **Section 1**.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Return the completed form and any other required documents to:

Schwab 529 Plan P.O. Box 2906 Shawnee Mission, KS 66201-2906 Completed forms can be faxed to **617-559-8913**.

Forms can be downloaded from our website at **schwab.com/forms** or you can call us to order any form—or request assistance in completing this form—at **1-888-903-3863**.

Ac	count Owner Information
Acc	ount Number(s) (To list more than three Accounts, use a separate sheet.)
Var	e of Primary Account Owner/Responsible Individual/Custodian <i>(first, middle initial, last)</i> or Trust
Nar	ne of Joint Account Owner (first, middle initial, last)
Tele	phone Number (In case we have a question about your Account.)
Г-	etimes to add undete on delete (Chaeli all that apply)
re	atures to add, update, or delete (Check all that apply.)
	Bank Information — Section 3
	Recurring Contributions — Section 4
	Systematic Withdrawal Plan — Section 5
	Interested Party Information — Section 6

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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.

bank account. You can begin using ACH services for Century) or its designee approves and processes this	withdrawals seven calendar days after American Century Services, LLC (American s form. Once the withdrawal is transmitted, the monies usually reach your bank applies to all Schwab 529 Plan Accounts listed under the Account Owner's Social
Add Change	Delete
Enclose a voided preprinted check.	
Important: By completing this form, you agree and corother financial services company, located outside the t	firm that your ACH transactions will not involve the branches or offices of a bank of erritorial 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 fro into your Schwab 529 Plan Accou	,	One Checking account, or y	our account at another fina	ıncial institution,						
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.										
0 /	Change my investment amount, frequency, and/or debit date. (<i>Provide the new amount and/or debit date below.</i>) 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:*										

^{*}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 fed 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	
	mportant: Withdrawals will be delayed if you are distributing contributions that have not been in the Account at least seven calenda ays or if you have requested the withdrawal to be sent to an address that has changed within the past 10 calendar days. The withdra will be released when the specified waiting period has been satisfied.	
	requency (Check one.):	/
	Pollar Amount: \$	
	Start Date:* Date (mm/dd/yyyy)	
	ind Date (Optional): Date (mm/dd/yyyy)	
	our instructions must be received at least three business days from the requested start date. This is the date that your assets will be	

^{*}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	s).					
	\$					
Investment Option	ı	Amo	unt**			
	\$					
Investment Option		Amo	unt**			
	\$					
Investment Option		Amo	unt**			
**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 for your Account. It may take three to five business days for the proceeds of the with the service has not been established for at least seven calendar days, your withdraw services, complete Section 3 . Payment by ACH to an eligible educational institution in	drawal al will b	to tr oe se	ansmitent by o	to you	ur bank acc	ount. If
Please confirm bank information on file:						
Bank Name						
Bank Routing Number Bank Account Number			ccount Check Or	, ,	Checking	Savings
B. By Check to Account Owner, Designated Beneficiary, or Eligible Educational Institution	. (Choo	se oi	ne.):			
Please check this box if you would like your check sent by expedited delivery to the permitted). A \$10 fee will be applied to your account. With expedited delivery, yo within three business days once your request is received in good order and proce	ur with					

Systematic Withdrawal Plan (Continued)

	Sel	ect	to w	hom	the o	ched	ck is	s to	be	ma	de	pay	abl	e b	elo	W.																						
	A. Payable to the Account Owner. (You will receive a check at your address of record unless you have selected ACH.)																																					
	B. Payable to the Designated Beneficiary. (The Designated Beneficiary will receive a check at the beneficiary's address of record unless you have selected ACH.)																																					
	C. Payable to an eligible educational institution. (Payments sent to the eligible educational institution are reported under the Designated Beneficiary's Social Security number.)																																					
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City																				_	S	tate		_	Z	ip C	ode						,					
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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)										
$\label{lem:continuous} \textbf{Signature(s) of Bank Account Owners (complete only if different than}$	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)										