



### 3. Qualified Pre-Retirement Survivor Annuity Disclosure and Waiver Election

(Required only if you are married and the Plan offers annuity as the normal form of benefit.)

#### Qualified Pre-Retirement Survivor Annuity Disclosure

If you are married, you and your spouse have an important decision to make about how the Plan will pay out your account balance if you die before receiving it.

**If you do nothing** and die before receiving your account balance, the Plan Administrator must use your entire account balance to purchase an annuity contract from an insurance company. The annuity will pay your spouse the same amount each month for his or her lifetime. The specific amount depends on your account balance, your spouse's age, and on market factors such as interest rates and insurance company commission schedules.

**If you do not want an annuity contract purchased**, you and your spouse must sign and date the waiver election signature blocks below. You may revoke your waiver at any time.

**If you are under age 35**, you may waive the Qualified Pre-Retirement Survivor Annuity with your spouse's consent, but your waiver expires on the first day of the Plan Year in which you reach age 35. You may waive the Qualified Pre-Retirement Survivor Annuity again at that time, if you and your spouse consent.

#### Waiver Election

As a married Participant in my Employer's retirement plan, I acknowledge that I have read the Qualified Pre-Retirement Survivor Annuity Disclosure. I understand that when I die, any amount remaining in my Plan account will be paid to my surviving spouse in the form of a Pre-Retirement Survivor Annuity. I understand that I have the right to waive this form of payment. I hereby elect to waive the Qualified Pre-Retirement Survivor Annuity. I understand and agree that this waiver is valid only if my spouse has consented by reading and signing the waiver below.

#### Participant Signature for Qualified Pre-Retirement Survivor Annuity Waiver Election

Signature and Date Required

**X**

Signature: Participant

Today's Date (mm/dd/yyyy)

Print Name

**To the Participant's Spouse:** Unless you voluntarily consent to your spouse's waiver of the Qualified Pre-Retirement Survivor Annuity, if your spouse dies before beginning to receive his or her account balance under this Plan, you will receive Plan benefits in the form of an insurance company contract (annuity contract) providing for monthly payments during your lifetime. Once you give your consent to waive the Qualified Pre-Retirement Survivor Annuity, you cannot revoke it without your spouse's concurrence.

I am the spouse of the Participant named above. I have read the Qualified Pre-Retirement Survivor Annuity Disclosure above. I hereby consent to my spouse's election not to have benefits remaining in his or her Plan paid to me in the form of a Qualified Pre-Retirement Survivor Annuity at his or her death. I understand that my consent cannot be revoked unless my spouse revokes the above waiver.

#### Spouse Signature for Qualified Pre-Retirement Survivor Annuity Waiver Election

Signature and Date Required

**X**

Signature: Spouse

Today's Date (mm/dd/yyyy)

Print Name

#### 4. Beneficiary Designation

In the event of my death, pay the full value of my account (in equal proportions, in the case of multiple beneficiaries, unless I indicate otherwise) to the Primary Beneficiary(ies) as designated below. I understand that if a Primary Beneficiary passes away before me, the remaining portion will be divided proportionately among any surviving Primary Beneficiaries in the manner provided in the Charles Schwab & Co., Inc. Qualified Retirement Plan. If no Primary Beneficiary survives me, pay the full value of my account (in equal proportions, in the case of multiple beneficiaries, unless I indicate otherwise) to the Contingent Beneficiary(ies) as designated below. I understand that if a Contingent Beneficiary passes away before me, the remaining portion will be divided proportionately among any surviving Contingent Beneficiaries in the manner provided in the Charles Schwab & Co., Inc. Qualified Retirement Plan. If no designated beneficiary survives, or if Charles Schwab & Co., Inc. (the custodian) cannot locate the beneficiary, the custodian will distribute the benefits to my spouse, if living; or, if my spouse isn't alive, to my estate.

I understand that I may change or revoke this designation at any time by completing a new Beneficiary Form with Schwab during my lifetime. It will become effective when Schwab receives it. If I am married, any change to this designation will revoke my spouse's consent to it.

I understand that if Schwab determines that my beneficiary designation is not clear with respect to the amount of the distribution, the date on which the distribution shall be made, or the identity of the party or parties who will receive the distribution, Schwab shall have the right, in its sole discretion, to consult counsel and to institute legal proceedings to determine the proper distribution of the account, all at the expense of the account, before distributing or transferring the account.

If no box is checked in the Participant Information section under Marital Status, my status is assumed to be "Single." If I am married, my Plan requires that I designate my spouse as the Primary Beneficiary. To name a Primary Beneficiary other than my spouse or in addition to my spouse, my spouse must sign the Consent of Spouse section of this form. My spouse's consent must be witnessed by a notary public or the Plan Administrator.

**The information included in this section will supersede any previous designation of a beneficiary(ies) for this account. By leaving this section blank, I do not designate anyone to be my beneficiary for this account.**

The portion % must add up to 100% per beneficiary type. The portion can be extended to the hundredths position (e.g., 33.33%). If left blank, portions will be evenly distributed amongst beneficiaries.

Note: Benefits cannot be expressed in dollar amounts

If you wish to indicate additional designation options, please skip this section, complete the Schwab IRA Beneficiary Designation form, and submit it with this application.

For future beneficiary designations and changes, visit [www.schwab.com/beneficiaries](http://www.schwab.com/beneficiaries).

##### Beneficiary 1

##### Type of Beneficiary

Primary  Contingent \_\_\_\_\_ Portion %

Name *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_

Trust/Organization/Estate (If Trust, include full Trust name.)

Relationship (Select only one.)  Spouse  Child  Grandchild  Parent  
 Sibling  Other Individual  Trust  Organization  Estate

Social Security/Tax ID Number \_\_\_\_\_ Date of Birth/Trust Date (mm/dd/yyyy) \_\_\_\_\_

##### Mailing Address

City \_\_\_\_\_ State or Province \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Country(ies) of Citizenship (Must list each separated by a comma.)

USA  Other: \_\_\_\_\_

Country of Legal Residence (Select only one.)

USA  Other: \_\_\_\_\_

**Beneficiary 2**

Type of Beneficiary

Primary  Contingent \_\_\_\_\_ Portion %

Name *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_

Trust/Organization/Estate (If Trust, include full Trust name.)

Relationship (Select only one.)  Spouse  Child  Grandchild  Parent  
 Sibling  Other Individual  Trust  Organization  Estate

Social Security/Tax ID Number \_\_\_\_\_ Date of Birth/Trust Date (mm/dd/yyyy) \_\_\_\_\_

Mailing Address

City \_\_\_\_\_ State or Province \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Country(ies) of Citizenship (Must list each separated by a comma.)

USA  Other: \_\_\_\_\_

Country of Legal Residence (Select only one.)

USA  Other: \_\_\_\_\_

**Beneficiary 3**

Type of Beneficiary

Primary  Contingent \_\_\_\_\_ Portion %

Name *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_

Trust/Organization/Estate (If Trust, include full Trust name.)

Relationship (Select only one.)  Spouse  Child  Grandchild  Parent  
 Sibling  Other Individual  Trust  Organization  Estate

Social Security/Tax ID Number \_\_\_\_\_ Date of Birth/Trust Date (mm/dd/yyyy) \_\_\_\_\_

Mailing Address

City \_\_\_\_\_ State or Province \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Country(ies) of Citizenship (Must list each separated by a comma.)

USA  Other: \_\_\_\_\_

Country of Legal Residence (Select only one.)

USA  Other: \_\_\_\_\_

**Beneficiary 4**

Type of Beneficiary

Primary  Contingent \_\_\_\_\_ Portion %

Name *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_

Trust/Organization/Estate (If Trust, include full Trust name.)

Relationship (Select only one.)  Spouse  Child  Grandchild  Parent  
 Sibling  Other Individual  Trust  Organization  Estate

Social Security/Tax ID Number \_\_\_\_\_ Date of Birth/Trust Date (mm/dd/yyyy) \_\_\_\_\_

Mailing Address

City \_\_\_\_\_ State or Province \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Country(ies) of Citizenship (Must list each separated by a comma.)  USA  Other: \_\_\_\_\_ | Country of Legal Residence (Select only one.)  USA  Other: \_\_\_\_\_

If more than four Primary or Contingent Beneficiaries are designated, attach a separate sheet of paper, signed and dated as it appears on this application.

Signature and Date Required

**X** \_\_\_\_\_  
 Signature: Participant \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

Print Name

Consent of Spouse

I hereby consent to the beneficiary designation. I understand that if anyone other than me is designated as primary beneficiary on this form, I am waiving rights I may have to receive benefits under the Plan when my spouse dies. Note: Your signature must be witnessed by a notary public or the Plan Administrator.

Signature and Date Required

**X** \_\_\_\_\_  
 Signature: Spouse \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

Print Name

**5. Witness of Spouse's Consent and Waiver Election**

The signature of the spouse must be witnessed by a notary public or the Plan Administrator. (Witness applies to Consent of Spouse and/or Spouse Signature for Qualified Pre-Retirement Survivor Annuity Waiver Election.)

Signature for Witness

Signature and Date Required

**X** \_\_\_\_\_  
 Signature: Plan Administrator Today's Date (mm/dd/yyyy)

Print Name

**Notary Public** Please fill out notary box below.

**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.

<b>Certificate of Acknowledgment of Notary Public*</b>		
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.		
<b>X</b> _____ Signature: Notary	_____ Today's Date (mm/dd/yyyy)	(NOTARY SEAL)
_____ 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.		

**6. 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](http://www.schwab.com) and log in to your account.
  2. Click Message Center (under Service), and then click Upload Document.
- **Fax** to 1-888-526-7252.
- **Bring** to your nearest Schwab branch (visit [www.schwab.com/branch](http://www.schwab.com/branch) for locations).
- **Mail** to any of the following addresses:

<b>Regular Mail (West)</b>	<b>Regular Mail (East)</b>	<b>Overnight Mail (West)</b>	<b>Overnight Mail (East)</b>
Charles Schwab & Co., Inc. P.O. Box 982600 El Paso, TX 79998-2600	Charles Schwab & Co., Inc. P.O. Box 628291 Orlando, FL 32862-8291	Charles Schwab & Co., Inc. 1945 Northwestern Drive El Paso, TX 79912	Charles Schwab & Co., Inc. 1958 Summit Park Dr., Ste. 200 Orlando, FL 32810