CLEAR PRINT

charles SCHWAB

Investment Advisory Products Employer Opt-Out Authorization Form

Schwab.com

1-800-435-4000
(inside the U.S.)

+1-415-667-5009
(outside the U.S.)

1-888-686-6916
(multilingual services)

Important Information and Instructions

- Use this form if you do **not** want to include investment advisory products as an investment choice under your plan.
- To establish new instructions, complete Section 1. Then sign, date, and make a copy of this form for your records and return the completed Employer Opt-Out Authorization Form to Schwab for processing.
- To change instructions for an existing plan, complete Section 1; review and complete Section 2 as applicable; sign, date, and make a copy of this form for your records and return the completed Employer Opt-Out Authorization Form to Schwab for processing.
- If you established a SEP-IRA plan prior to 2011 and have participants in the plan, complete the SEP-IRA Participant Information section.
- Schwab will update our records; this change will become effective 3–5 business days after receipt.

1 Employer and Plan Information

Business Name of Employer

Business Street Address *No P.O. Boxes, please* **City** **State** **Zip Code**

Business Telephone Number **Employer's Federal Tax Identification Number (EIN)**

Plan Name

Plan Type

Please select one. If you have more than one plan type you must complete a separate form for each plan.

☐ **QRP Profit Sharing** ☐ **QRP Money Purchase** ☐ **SEP-IRA**

☐ **SIMPLE IRA Master Account Number:** ______________________

☐ **Company Retirement Account:** ______________________

Contact Name of Plan Administrator

☐ **New instructions** (Skip Section 2, sign and date in Section 3).

☐ **Change to existing instructions** (Go to Section 2, sign and date in Section 3).

2 Enrollment Termination

If this is a change to existing instructions, there are other considerations. If your retirement plan currently has accounts that are enrolled in investment advisory products, additional instructions are needed. Accounts that are currently enrolled will remain enrolled in investment advisory products unless you direct otherwise. If you do not want these accounts to remain enrolled, please check the box below:

☐ I direct Schwab to **unenroll** accounts under the plan indicated in Section 1 from investment advisory products.

3 Authorization and Signature

By signing this form, I am electing that eligible accounts under the plan specified in Section 1 are not authorized for receiving communications and information about, and enrolling in, investment advisory products (referred to as Schwab "offerings" in the Schwab Account Agreement, as applicable to your plan) offered by Schwab and its affiliates, including the Schwab Managed Portfolios™; Windhaven Strategies; and any future products (collectively, the "investment advisory products").

SIGN HERE ✗ ______________________________ ____________

Today's Date *mm/dd/yyyy*

____

Print Name

SEP-IRA Participant Information

If you established a SEP-IRA plan prior to 2011 and you have participants in your SEP-IRA plan, please provide the following information for each participant:

Participant Name	Participant Schwab Account Number

PRINT