

## Important instructions for completing this form

The form you requested follows this page. You can either complete it on your computer and then print it out, or print it out first and fill it in by hand.

Follow these easy steps to complete your form:

1. Scroll down and type the requested information in the corresponding field.

Name (First)  
John

- You can move among the fields by using your mouse or the “Tab” key.
- If you’d like to clear all the fields you’ve completed, click the **CLEAR** button.

2. When you’ve completed the form, click the **PRINT** button.

**Please note: Adobe® Reader® does not allow you to save your work. It’s very important that you print out your form immediately after completing it.**

3. When your form is complete, please review, sign and date it, and either:

Bring it into your nearest Schwab branch (Visit [schwab.com/branch](http://schwab.com/branch) to find the one nearest you.)

– or –

**If you live in:**

AK, AZ, CA, CO, HI, IA, ID, KS, MT,  
ND, NE, NM, NV, OK, OR, SD, TX,  
UT, WA, WY, Armed Forces America  
or Armed Forces Pacific

**Mail to:**

**Standard:**

Charles Schwab & Co., Inc.  
P.O. Box 52114  
Phoenix, AZ 85072-2114

**Overnight:**

Charles Schwab & Co., Inc.  
2423 E. Lincoln Drive  
Phoenix, AZ 85016

**If you live in:**

AL, AR, CT, DC, DE, FL, GA, IL, IN, KY, LA, MA, MD,  
ME, MI, MN, MO, MS, NC, NH, NJ, NY, OH, PA, RI,  
SC, TN, VA, VI, VT, WI, WV, Armed Forces Europe,  
American Samoa, Guam, Marshall Islands,  
Northern Mariana Islands or Puerto Rico

**Mail to:**

**Standard:**

Charles Schwab & Co., Inc.  
P.O. Box 628291  
Orlando, FL 32862-8291

**Overnight:**

Charles Schwab & Co., Inc.  
1958 Summit Park Drive, Suite 200  
Orlando, FL 32810

Be sure to enclose any accompanying materials with your form (such as a check for an initial deposit to open a new account). Should you have any questions, or need help, just call **1-800-435-4000**.

# Pledged Asset Line® Investment Advisor Authorization

*charles* SCHWAB  
BANK

www.schwab.com/pal

1-800-986-3700

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

IA Firm Name (please print)		Contact Name	
IA Firm Telephone Number ( )	IA Firm Fax Number ( )	Contact Email Address	
IA Firm Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
IA Master Account Number	Firm Tax ID Number	ISG Team	

The undersigned, \_\_\_\_\_ (hereinafter, whether one or more, "I", "me" or "my"),  
residing at \_\_\_\_\_,  
hereby authorize [name of firm] \_\_\_\_\_ ("Advisor"),  
my independent investment advisor [Advisor must be a client of Schwab Institutional® a division of Charles Schwab & Co., Inc.] and each of its following  
named representatives [natural persons], \_\_\_\_\_ (each an "Authorized  
Representative"), to act as my agent(s) as hereinafter described.

In connection with my Pledged Asset Line from Charles Schwab Bank ("Schwab Bank"), I authorize Advisor to act as agent on my behalf to:

1. Request and discuss with Schwab Bank information regarding rates, terms and restrictions applicable to Pledged Asset Lines.
2. Communicate with Schwab Bank regarding the status of, and issues concerning, my application for a Pledged Asset Line.
3. Request withdrawal of my application for a Pledged Asset Line.
4. Request an increase or decrease in the amount of my Pledged Asset Line.
5. Request copies of specific account statements, checks, payment history and other information regarding my Pledged Asset Line.
6. Discuss with Schwab Bank my Pledged Asset Line account information, including balances, transactions, fees and payments.
7. Order new Pledged Asset Line checks.
8. Request that Schwab Bank close my Pledged Asset Line.
9. Disclose to Schwab Bank personal nonpublic information about me, including (but not limited to) identifying information, financial information such as my assets and liabilities, my accounts and statements of account wherever held, my income, my tax returns, and any other personal nonpublic information about me that may now or hereafter be in the possession of Advisor.

I authorize Schwab Bank to take such actions as it deems necessary to carry out instructions received from me and/or my Advisor. I further authorize Schwab Bank, in its sole discretion and for whatever reason, to request additional documentation from me prior to acting upon any instruction or request from my Advisor. In addition, I hereby authorize Schwab Bank, in its sole discretion, to restrict my Pledged Asset Line from further activity in the event Schwab Bank receives conflicting or inconsistent instructions. This Authorization shall remain in effect until Schwab Bank receives written notice from me that it has been terminated or revoked.

## 2. Terms and Conditions (Read carefully.)

### 2.1 Borrower Terms and Conditions

**Role of Schwab Bank.** I acknowledge and agree that:

- I (and not Schwab Bank) am responsible for investigating and selecting Advisor;
- Advisor is not affiliated with or controlled or employed by Schwab Bank, and Schwab Bank has not approved, recommended or endorsed Advisor;
- Schwab Bank reserves the right, in its sole discretion, to no longer honor instructions for Advisor and will notify me if it chooses to do so.

I have investigated the business experience, qualifications and reputation of my Advisor and am satisfied with the experience, qualifications and reputation of my Advisor.

I understand that Schwab Bank has not provided any advice to me regarding this Authorization, and if there is anything about this Authorization that I do not understand, I should consult with my personal attorney for an explanation.

**Indemnification.** I hereby ratify and confirm any and all dealings effected in and for my Pledged

Asset Line by my Advisor, and I agree to indemnify and hold harmless Schwab Bank, its affiliates, and their directors, officers, employees and agents from and against all claims, actions, judgments, settlement amounts, costs and liabilities, including attorneys' fees, arising out of or relating to its reliance upon this Authorization and actions taken in reliance upon Advisor's instructions prior to Schwab Bank's receipt of my written notice of termination. Furthermore, I agree to indemnify and hold Schwab Bank harmless from, and to pay



## 2. Terms and Conditions (Continued)

Schwab Bank promptly upon demand for, any and all losses or financial obligations which may arise from the acts or omissions of my Advisor with respect to my Pledged Asset Line. I also agree that Schwab Bank will not be liable, and I will not attempt to hold Schwab Bank liable, for any instruction or decision made by my Advisor, whom I have selected, regardless of whether or not any such instruction or decision was specifically authorized by me. This provision will survive the revocation or termination of this Authorization.

**Termination of Authority.** This Authorization will remain in effect until Schwab Bank is notified in writing of my death, mental disability, incompetence, or incapacity or until I have revoked it by written notification, and such notification is received by Schwab Bank. Such revocation will not affect my obligations resulting from transactions initiated, or my indemnification obligations arising, prior to Schwab Bank's receipt of notice of revocation of this Authorization. I understand that if Advisor ceases to be a client of Schwab Institutional® a division of Charles Schwab & Co., Inc., Schwab Bank will not be obligated to honor further instructions received from my Advisor.

### 2.2 Investment Advisor Terms and Conditions

Advisor agrees that the authority conferred on it by the Pledged Asset Line® applicant(s) or borrower(s) (whether one or more, the "Client") executing this Authorization shall be exercised in accordance with the following terms and conditions:

**Authorization.** Advisor acknowledges and accepts the foregoing provisions of this Authorization. Advisor shall not take any actions that exceed the authority under this Authorization

or any other agreement between the Advisor and the Client.

#### Advisor's Relationship to Schwab Bank.

Advisor will not represent to the Client that Schwab Bank and Advisor are affiliated or have any relationship other than that described in this Authorization; that Schwab Bank endorses or recommends the Advisor; or that Schwab Bank participates in or reviews the Advisor's decisions.

Advisor agrees to immediately notify Schwab Bank of the Client's death or any termination or revocation of the Authorization. Advisor also agrees to notify Schwab Bank of any incapacity, incompetence or mental disability of the Client that would render this Authorization void.

**Compliance with Applicable Laws.** Advisor will comply with all applicable state and federal laws, rules and regulations as they may be amended from time to time, including, without limitation, making required disclosures.

**Information.** Advisor represents and warrants that all information Advisor provides to Schwab Bank in this Authorization, or otherwise at any time, is true, accurate and complete. If any information Advisor furnishes to Schwab Bank becomes materially inaccurate, false, or otherwise misleading, Advisor agrees to notify Schwab Bank promptly and take such action as is necessary to correct such information.

#### Recording and Monitoring Telephone Calls.

Schwab Bank may record or monitor telephone calls between Advisor and Schwab Bank. Schwab Bank need not remind Advisor of such recording or monitoring before each call unless required to do so by law.

**Indemnification.** Advisor agrees to indemnify and hold harmless Schwab Bank, its affiliates and their directors, officers, employees and

agents from and against all claims, actions, judgments, settlement amounts, cost and liabilities, including attorneys' fees, arising out of or relating to:

- any breach by Advisor of any provision of this Authorization;
- the performance or non-performance of the Advisor's services; and
- any dispute involving Advisor and Client.

### 2.3 General Provisions

**Successors and Assigns.** This Authorization supplements and in no way limits or restricts rights that Schwab Bank may have under existing law or any other agreement with Client or Advisor. This Authorization will bind the heirs, executors, administrators, successors and assigns, and will benefit Schwab Bank's successors, affiliates and assigns of Client and Advisor.

**Governing Law.** This Authorization shall be governed by the internal laws of the State of California.

**Arbitration.** Advisor and Client agree that any controversy, claim or dispute between Advisor and/or Client, on the one hand, and Schwab Bank, on the other, that arises out of or relates to this Authorization, whether based on contract, tort, statute or other legal or equitable theory (the "dispute"), shall be settled by binding arbitration administered by the American Arbitration Association in accordance with its applicable rules in effect at the date of this contract. The arbitration shall be governed by the United States Arbitration Act, 9 U.S.C. §§ 1-16. The award of the arbitrator shall be final and binding, and judgment on the award may be entered, confirmed and enforced in any court having jurisdiction thereof.

## 3. Signatures

### All Pledged Asset Line Applicants/Borrowers Must Sign:

By signing below, I certify that I have read carefully the provisions of this Authorization document, including the arbitration clause, and understand that it authorizes my Advisor named herein to exercise all rights and powers set forth above with respect to my Pledged Asset Line, and I understand that anything my Advisor may do in the exercise of such rights and powers is fully binding upon me. Furthermore, by signing this Authorization, I acknowledge that these terms relate to my Pledged Asset Line and will be part of the Loan Documents for my Pledged Asset Line. I acknowledge that I have received a copy of this Authorization to retain for my records and that it is my responsibility to provide a copy to my Advisor if so desired.

### Signature(s) and Date(s) Required

<b>X</b>		
Account Holder Signature	Print Name	Date
<b>X</b>		
Additional Account Holder Signature	Print Name	Date

### Advisor Must Sign:

Advisor has read carefully and understands the provisions of this Authorization, including the arbitration clause and the Advisor Terms and Conditions.

### Signature and Date Required

<b>X</b>		
Advisor Signature	Print Name	Date

