



Supplemental Trust Account Application for Entity Trustees

Schwab.com

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

+1-415-667-8400
(outside the U.S.)

1-888-686-6916
(multilingual services)

Use this form for:

- **New Account Opening:** Provide required information about an entity trustee for a trust account you are opening. In this case, submit this form along with the Schwab One® Trust Account Application for Trusts Domiciled in the United States and the Schwab Bank High Yield Investor Checking® Trust Account Application (COM31873) and the required trust documentation indicated on the application.
- **Updating Existing Schwab Account:** Obtain the appropriate signatures and authorization to add or update required information about an entity trustee, including its control person(s) and entity agent(s), on an existing Schwab One Trust account. In this case, submit this form along with the Trustee Change Form (APP32257).

1 Please select one

- This is a new account.***
- This is an update to an existing account.†**

Schwab Account Number

*Submit this form along with the Schwab One Trust Account Application for Trusts Domiciled in the United States and the Schwab Bank High Yield Investor Checking Trust Account Application (COM31873).

†Submit this form along with the Trustee Change Form (APP32257).

2 Type of Organization *Select only one*

- Corporation (Complete all sections except Section 6.)**
- Non-Incorporated Organization (Complete all sections except Section 5.)**

3 Information About Control Person of Entity Trustee

Please complete Part 1 or Part 2, as applicable, for one Control Person of the entity trustee.

If a Control Person is an individual, complete Part 1.

If a Control Person is a legal entity, complete Part 2.

Part 1. Control Person that is an individual (all information is required)

Name *Title, First* *Middle Name* *Last Name, Suffix*

Social Security/Tax ID Number **Date of Birth** *mm/dd/yyyy* **Telephone Number**

Home Street Address *No P.O. Boxes* **City** **State** **Zip Code**

Country(ies) of Citizenship *Must list all; if not a U.S. citizen, please complete identification information below.*

USA **Other(s)** _____
Country of Citizenship 1 *Country of Citizenship 2, if applicable*

Country of Legal Residence *Please select only one box.*

USA **Other** _____
Other Country of Legal Residence

Country of Birth *Required for foreign citizens and/or foreign residents only.*

ID Type and Number Please select only one box and provide the relevant information below.

Driver's License **Passport** **U.S. Government-Issued ID**

ID Number **Country/State of ID Issuance** **Issue Date** mm/dd/yyyy

ID Expiration Date mm/dd/yyyy

Securities industry regulations require that we collect this information.

Employment Information

Please select only one box. **Employed** **Self-Employed** **Retired** **Homemaker** **Student** **Not Employed**

Employer Name/Business Name

Occupation

If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.

- Business Owner/Self-Employed**
- Medical Professional**
- Accounting Professional**
- Information Technology Professional**
- U.S. Government Employee (Federal/State/Local)**
- Military**
- Clerical/Administrative Services**
- Sales/Marketing**
- Other** Please Specify: _____
- Executive/Senior Management**
- Legal Professional**
- Financial Services/Banking Professional**
- Other Professional**
- Foreign Government Employee (Non-U.S.)**
- Educator**
- Trade/Service Career (Labor/Manufacturing/Production)**
- Consultant**

Business Street Address **City** **State** **Zip Code**

Are you a director, 10% shareholder, or policy-making officer of a publicly held company?

No **Yes** (If "yes," enter company name and trading symbol.)

Company Name **Trading Symbol**

Part 2. Control Person that is a legal entity

If the Control Person is an Organization or a Trust, provide the information requested below (all information is required). Additionally, please complete the information requested for one underlying Control Person of the legal entity.

Name of Legal Entity *as shown on the charter or other legal document creating the legal entity; hereinafter referred to as the "Legal Entity"*

Legal Entity Tax ID Number **If Legal Entity is known by another name, enter name.** **Telephone Number**

Legal Entity Street Address *No P.O. boxes* **City** **State** **Zip Code**

Mailing Address *if different from above, P.O. Boxes permitted* **City** **State** **Zip Code**

Country of Incorporation/Establishment **State of Incorporation/Establishment**

Date of Incorporation/Establishment *mm/dd/yyyy* **6-Digit NAICS Code**

Provide the following information for one person who is a Control Person for the above-listed Legal Entity in Part 2 (all information is required).

Name *Title, First* *Middle Name* *Last Name, Suffix*

Social Security/Tax ID Number **Date of Birth** *mm/dd/yyyy* **Telephone Number**

Home Street Address *No P.O. Boxes* **City** **State** **Zip Code**

ID Type and Number *Please select only one box and provide the relevant information below.*

Driver's License **Passport** **U.S. Government-Issued ID**

ID Number **Country/State of ID Issuance** **Issue Date** *mm/dd/yyyy*

ID Expiration Date *mm/dd/yyyy*

Country(ies) of Citizenship *Must list all; if not a U.S. citizen, please complete identification information below.*

USA **Other(s)** _____
Country of Citizenship 1 *Country of Citizenship 2, if applicable*

Country of Legal Residence *Please select only one box.*

USA **Other** _____
Other Country of Legal Residence

Country of Birth *Required for foreign citizens and/or foreign residents only.*

Securities industry regulations require that we collect this information.

Employment Information

Please select only one box.

Employed **Self-Employed** **Retired** **Homemaker** **Student** **Not Employed**

Employer Name/Business Name

If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.

Occupation

- Business Owner/Self-Employed**
- Medical Professional**
- Accounting Professional**
- Information Technology Professional**
- U.S. Government Employee (Federal/State/Local)**
- Military**
- Clerical/Administrative Services**
- Sales/Marketing**
- Other** *Please Specify:* _____
- Executive/Senior Management**
- Legal Professional**
- Financial Services/Banking Professional**
- Other Professional**
- Foreign Government Employee (Non-U.S.)**
- Educator**
- Trade/Service Career (Labor/Manufacturing/Production)**
- Consultant**

Business Street Address **City** **State** **Zip Code**

Are you a director, 10% shareholder, or policy-making officer of a publicly held company?

No **Yes** (If "yes," enter company name and trading symbol.)

Company Name **Trading Symbol**

4 Organizational Authorization to Transfer

I, _____, being the **Secretary or Officer of** _____, an organization organized and existing under and by virtue of the laws of the State of _____, certify that the following is a true and complete copy of resolutions duly adopted by the board of directors (or, if no board of directors, board of managers or similar governing body exists, the person[s] duly authorized by the charter document of this organization); that said resolutions are still in force and effect and have not been rescinded; and that said resolutions are not in conflict with the charter or bylaws of this organization:

RESOLVED: That any of the officers and/or authorized entity agents that are identified immediately below (or, in the case of a limited liability company, the member[s] or authorized manager[s] or officer[s]) be, and they hereby are, fully authorized and empowered to transfer, convert, endorse, sell, assign, set over and deliver any and all shares of stock, bonds, debentures, notes, subscription warrants, stock purchase warrants, evidences of indebtedness or other securities now or hereafter standing in the name of or owned by this organization and to make, execute and deliver, under the authority of this organization, any and all written instruments of assignment and transfer necessary or proper to effectuate the authority hereby conferred.

SIGN HERE 

Today's Date mm/dd/yyyy

Print Name



Today's Date mm/dd/yyyy

Print Name

X

Today's Date mm/dd/yyyy

Print Name

X

Today's Date mm/dd/yyyy

Print Name

FURTHER RESOLVED: That any of the aforementioned authorized entity agent(s) of the organization, and the organization itself, authorizes Schwab to inquire from any source, including a consumer reporting agency, as to their creditworthiness and ongoing eligibility for the account (and that of their spouse[s], if applicable, if they live in a community-property state) at any time throughout the life of the account, and thereafter for debt collection or investigative purposes.

FURTHER RESOLVED: That whenever there shall be annexed to any instrument of assignment and transfer, executed pursuant to and in accordance with the foregoing resolution, a certificate of the Secretary or an Assistant Secretary (or person performing similar functions) of this organization in office at the date of such certificate, and such certificate shall set forth these resolutions and shall state that these resolutions are in full force and effect and shall also set forth the names of the persons who are then officers of this organization, then all persons to whom such instrument with the annexed certificate shall thereafter come, shall be entitled, without further inquiry or investigation and regardless of the date of such certificate, to assume and to act in reliance upon the assumption that the shares of stock or other securities named in such instrument were theretofore duly and properly transferred, endorsed, sold, assigned, set over and delivered by this organization, and that with respect to such securities the authority of these resolutions and of such officers is still in full force and effect. I further certify that the following is a true and correct list of the present officers of this organization.

President *Print Name*

Vice President *Print Name*

Secretary/Officer *Print Name*

Treasurer *Print Name*

Please sign and date here.

SIGN HERE

X

Today's Date mm/dd/yyyy

Print Name

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Required Certificate of Authority and Corporate Resolution: President or Secretary

Note: Please complete only for entity trustees that are incorporated organizations.

The Corporation adopts the following Certificate of Authority and Corporate Resolution.

The undersigned certifies that:

1. Each individual whose signature appears in Section 4 (each, an Authorized Individual) is authorized to (1) provide tax certifications; (2) establish, maintain, and operate an account(s) with Schwab on behalf of the Corporation and to bind the Corporation to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One® Account Agreement and the applicable *Charles Schwab Pricing Guide*, each as amended from time to time (the "Agreement and Disclosures"); and (3) designate persons to operate such account(s).

2. Each Authorized Individual is authorized to act individually, independently, and without the consent of the board or any director, officer, or other person of the Corporation. Notice sent to any Authorized Individual will constitute notice to the Corporation. Nothing in the organizational documents, agreements, and laws governing the Corporation imposes any obligation upon Schwab for determining the purpose or propriety (1) of any instructions received from any Authorized Individual or (2) of payments or deliveries to or among Authorized Individuals.
3. The authority thereby conferred is not inconsistent or in conflict with the Certificate of Incorporation, charter, bylaws, resolution, or other applicable constituent documents of the Corporation and is within the Corporation's corporate power and authority and agreements and laws governing the Corporation.
4. The signatures that appear in Section 4 are true and genuine original signatures.

The information set forth in this Certificate of Authority and Corporate Resolution is true and correct, and Schwab may conclusively rely upon this Certificate of Authority and Corporate Resolution until the Corporation delivers a written replacement Certificate of Authority and Corporate Resolution to Schwab at an address specified by Schwab.

SIGN HERE



Today's Date *mm/dd/yyyy*

Print Name _____

Title: President Secretary

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Required Certificate of Authority and Resolution

Note: Please complete only for entity trustees that are non-incorporated organizations.

The Organization adopts the following Certificate of Authority and Resolution.

Each of the undersigned hereby certifies, warrants, and represents to Charles Schwab & Co., Inc. ("Schwab") that the Organization is authorized as follows.

1. The Organization is (select ONLY one):

- A Member-Managed Limited Liability Company (LLC), and the undersigned represent all Members of the LLC
- A Manager-Managed LLC, and the undersigned represent all Managers of the LLC
- A Partnership (GP, LP, LLP, LLLP), and the undersigned represent all General Partners of the Partnership
- An Unincorporated Association, and the undersigned holds the offices of _____
- A Sole Proprietorship, and I am engaged in business under the name of the Organization, and all property in that name belongs to me and is my sole property. I further warrant, represent, and certify that I am the sole owner of the business so conducted and that no other person, firm, corporation, or other entity has any interest in the business.

2. Each individual whose signature appears in Section 4 (each, an Authorized Individual) is authorized to (1) provide tax certifications; (2) establish, maintain, and operate the account(s) with Schwab on behalf of the Organization and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One Account Agreement and the applicable *Charles Schwab Pricing Guide*, each as amended from time to time (the "Agreement and Disclosures"); and (3) designate persons to operate such account(s).
3. Each Authorized Individual is authorized to act individually, independently, and without the consent of the owner, member, manager, or partner of the Organization. Notice sent to any Authorized Individual will constitute notice to the Organization. Nothing in the organizational documents, agreements, and laws governing the Organization imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.
4. In the exercise of such authority, each Authorized Individual is empowered, on behalf of the Organization, to use or acquire any service offered by Schwab and its affiliates and to execute and deliver any and all documents, in the name of and on behalf of the Organization as may be requested or required by Schwab. This authority includes the power to open, now or in the future, one or more accounts, and with respect to each account, to execute, on behalf of the Organization, any and all forms and agreements, including, but not limited to, agreements to arbitrate controversies, and to deal and transact with Schwab in connection with the accounts, including the authority to (i) obtain and terminate all such services as Schwab (or its affiliates or third-party service providers) may offer in connection with the accounts (including without limitation any margin lending or Internet-based online services) and to execute on behalf of the Organization such documents and agreements as required by Schwab in connection with such services; (ii) appoint one or more individuals to act on behalf of the Organization as an Authorized Individual with regard to the Organization's accounts with authority as described herein or in such forms and to deliver to Schwab any change form

- for an Authorized Individual, Power of Attorney, or other document to effect or evidence such appointment; and (iii) terminate any Authorized Individual's authority to act on the account. This authority also includes the power to instruct the transfer of funds, securities, and other assets, including, but not limited to, the entire account, by wire, check, or otherwise from the account to or for the account of any other person, including the Authorized Individual giving the instruction, without limit as to amount and without inquiry. This authority also includes the power to (i) give written, oral, or electronic instructions to Schwab to buy or sell stocks, bonds, options and/or other securities, commodities and commodity futures, and other property, whether for immediate or future delivery; and (ii) secure payment with property of the Organization, including, but not limited to, stocks, bonds, options, and/or other securities.
5. The authority thereby conferred is not inconsistent or in conflict with any organizational documents, resolutions, agreements, other applicable constituent documents, or laws governing the Organization and is within the Organization's power and authority and agreements and laws governing the Organization.
 6. In case of the death or withdrawal of any one of the partners or members, or in case of the termination or dissolution of the Organization, each of the undersigned agrees to notify Schwab promptly in writing and to execute any supplementary authorization that Schwab may require in such an event. If Schwab is not notified in writing, Schwab is authorized to continue to receive orders for the account(s) that may be given to Schwab by any one of the Authorized Individuals then surviving.
 7. All actions previously taken with respect to matters described in this Certificate are ratified, confirmed, and approved. This Certificate will remain in full force and effect until written notice of its revocation is delivered to and receipt is acknowledged by Schwab. Until such revocation and acknowledgement, Schwab may rely on this authorization without question.
 8. The signatures that appear in Section 4 are true and genuine original signatures.

Required Signatures for Section 6

Sole Proprietorship: Owner must sign.

Limited Partnership: All General Partners must sign.

General Partnership: All Partners must sign.

Limited Liability Partnership: All General Partners must sign.

Member-Managed Limited Liability Company: All Members must sign.

Manager-Managed Limited Liability Company: All Managers must sign.

Unincorporated Association: A minimum of two officers must sign. One signature must be from the Chairman of the Board, the President, or any Vice President; the second signature must be from the Secretary, any Assistant Secretary, the Chief Financial Officer, the Treasurer, or any Assistant Treasurer.

Please complete all four signature fields: (1) sign name, (2) print name, (3) enter date, and (4) select title. Schwab cannot complete these fields on your behalf— failure to complete all four fields will delay the processing of your application.

SIGN HERE



Today's Date *mm/dd/yyyy*

Print Name

Please select one of the following options.

Title

For Sole Proprietorships

Owner

For Partnerships

General Partner

Authorized Representative of General Partner

For Member-Managed Limited Liability Companies

Member

Authorized Representative of Member

For Manager-Managed Limited Liability Companies

Manager

Authorized Representative of Manager

For Unincorporated Associations

Chairman of the Board

President

Vice President

Secretary

Assistant Secretary

Chief Financial Officer

Treasurer

Assistant Treasurer

SIGN HEREToday's Date *mm/dd/yyyy*

Print Name _____

Please select one of the following options.

Title**For Sole Proprietorships** **Owner****For Partnerships** **General Partner** **Authorized Representative of General Partner****For Member-Managed Limited Liability Companies** **Member** **Authorized Representative of Member****For Manager-Managed Limited Liability Companies** **Manager** **Authorized Representative of Manager****For Unincorporated Associations** **Chairman of the Board** **President** **Vice President** **Secretary** **Assistant Secretary** **Chief Financial Officer** **Treasurer** **Assistant Treasurer****7****Return Instructions**

- **Upload** online with secure messaging (if you are an existing client and have online access to your account).
 1. Go to Schwab.com and log in to your account.
 2. Click the Message Center link (under Service), and then click the Upload Document link.
 3. Upload your form as an attachment by clicking the Add File button.
 4. When your message is complete, click Send.
- **Fax** to 1-888-526-7252.
- **Bring** to your nearest Schwab branch (visit Schwab.com/branch for locations).
- **Mail** to any of the following addresses:

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