

Schwab 529 College Savings Plan
Financial Professional Authorization



- Complete this form to designate or change a Financial Professional on your account.
• You may designate only one level of authorization.
• Type in your information and print out the complete form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.
• 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.

Return this form and any other required documents to: Schwab 529 Plan, P.O. Box 2906, Shawnee Mission, KS 66201-2906
For overnight delivery or registered mail, send to: 920 Main St, Suite 900, Kansas City, MO 64105, Fax: 1-617-559-8913

1. Account Owner information

Social Security Number form with 9 boxes and dashes

Account Number (List all that apply. To list more than three Accounts, use a separate sheet.)

Account Number form with three rows of 12 boxes and dashes

Name of Account Owner/Responsible Individual/Custodian (first, middle initial, last) or Trust form with 35 boxes

Name of Joint Account Owner (first, middle, last) form with 35 boxes

Telephone Number (In case we have a question about your Account.) form with 12 boxes and dashes



2. Financial Professional information

Only complete the information below if you want to add a Financial Professional to your account or replace the existing Financial Professional on your account.

Financial Professional Name (first, middle initial, last)

Firm Name

 -

Master Account Number

Firm Address

City

State

ZIP Code

 - -

Telephone Number

3. Authorization level

I (We), the Account Owner(s) listed in **Section 1**, appoint the Financial Professional listed in **Section 2**, to act on my (our) behalf as indicated below (please initial the appropriate level of access that applies to the Account(s) listed in **Section 1**).

Note: If you have more than one Account and you wish to designate different levels of access for your other Account(s), complete a separate form for each Account.

Level 1—Account Inquiry Access. Authorized to obtain information about my Account(s); and receive duplicate Account statements.*

Level 2—Account Inquiry Access, Contributions, and Exchanges. Authorized to obtain information about my Account(s); receive duplicate Account statements; add or update my bank information; make a contribution and change Investment Options within my Account(s).*

Level 3—Account Inquiry Access, Contributions, Exchanges, and Withdrawals. Authorized to obtain information about my Account(s); receive duplicate Account statements; add or update my bank information; make a contribution; change Investment Options and withdraw from my Account(s).*

* By selecting an authorization level, you hereby authorize the Financial Professional or a representative of the above named firm to act on your behalf when transacting business. The Financial Professional listed above shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
- Adding or changing the Successor Account Owner/Responsible Individual,
- Establishing or re-establishing convenience services such as telephone and online capabilities on my account(s),
- Changing the Designated Beneficiary,
- Signing or e-signing an **Account Application** or otherwise opening a new registration on my behalf, or
- Transferring assets to a new registration.

I ACKNOWLEDGE AND ACCEPT MY AUTHORITY TO ACCESS AND PERFORM TRANSACTIONS ON THE SCHWAB 529 PLAN ACCOUNT(S) ON BEHALF OF THE ACCOUNT OWNER(S) LISTED IN **SECTION 1** OF THIS FORM IN ACCORDANCE WITH THE AUTHORIZATION LEVEL SELECTED ABOVE.

Signature of Financial Professional

 - -

Date (mm/dd/yyyy)

4. Signature — YOU MUST SIGN BELOW

BY SIGNING BELOW, I/WE HEREBY ACKNOWLEDGE MY/OUR PRIOR APPOINTMENT OF THE INDIVIDUAL LISTED IN **SECTION 2** OF THIS FORM AS MY/OUR FINANCIAL PROFESSIONAL. I/WE ACKNOWLEDGE THAT THE DESIGNATED FINANCIAL PROFESSIONAL HAS BEEN EMPOWERED TO ACT ON MY/OUR BEHALF, WITH RESPECT TO MY/OUR SCHWAB 529 PLAN ACCOUNT(S), UNDER A SEPARATE AGREEMENT WITH THE LISTED BROKER/DEALER FIRM. SUCH AGREEMENT AUTHORIZES MY FINANCIAL PROFESSIONAL TO ACT ON MY BEHALF TO THE EXTENT OF THE AUTHORIZATION LEVEL INDICATED IN **SECTION 3** OF THIS FORM. MY FINANCIAL PROFESSIONAL'S AUTHORITY DOES NOT INCLUDE TRANSFERRING OWNERSHIP OF UNITS, CHANGING THE DESIGNATED BENEFICIARY, SUCCESSOR ACCOUNT OWNER OR SUCCESSOR RESPONSIBLE INDIVIDUAL OR ESTABLISHING OR RE-ESTABLISHING CONVENIENCE SERVICES.

I certify that I have read and understand, consent, and agree to all the terms and conditions of the Schwab 529 Plan Guide and Participation Agreement and understand the rules and regulations governing the Schwab 529 Plan.

SIGNATURE

Signature of Account Owner/Responsible Individual/Custodian

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Joint Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)



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