



Schwab Bank Investor CheckingTM Trust Account Application for Existing Schwab One[®] Trust Account Holders

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www.schwab.com | 1-888-403-9000

- Use this application to establish a Schwab Bank Investor Checking ("Investor Checking") Trust account with Charles Schwab Bank, SSB ("Schwab Bank") and link it to your existing Schwab One Trust account ("Trust brokerage account") held at Charles Schwab & Co., Inc. ("Schwab"). **All Trustees must be U.S. citizens or resident aliens and must also reside in the U.S. or one of its territories and provide a U.S. mailing address.** In addition, Trustees and beneficiaries must be individuals and not organizations, corporations, or non-individual entities.
- Once your Investor Checking Trust account is opened and funded, you will receive Visa[®] Platinum Debit Card(s). Personalized checks will be sent once your Investor Checking account is funded with at least \$100.
- **Important Note about your Trading Authority or Power of Attorney (POA):** If you have appointed a TA or POA on your existing Trust brokerage account, contact Schwab for the required forms to apply your TA or POA authorization to your linked Investor Checking Trust account. Your Investor Checking Trust account cannot be established until Schwab receives this paperwork.
- **NOTE:** The Schwab Bank Investor CheckingTM account is offered only as an account linked to a Schwab One[®] brokerage account. If the Investor Checking account is not approved by Schwab Bank, Schwab may close the linked Schwab One brokerage account regardless of when that brokerage account was opened. Schwab is not an FDIC-insured bank and deposit coverage insurance covers the failure of an insured bank. **Non-deposit products are not insured by the FDIC; are not deposits; and may lose value.**

Include copies of the following documents with your Application:

Living Trust Documentation

- The first page of the Living Trust document that lists the name and date of the Living Trust (i.e., the title page, where one exists); and
- All signature pages.

Please do **NOT** send any additional pages from the Living Trust document or any substitute pages, such as a Memorandum of Trust, Certification of Trust, Affidavit of Trust, or Abstract of Trust.

If the Living Trust is revocable, the client may submit either a complete Certification of Trust or the first page and signature page(s). If information provided on the application or supporting documents is unclear or raises questions, additional follow-up may be required.

1. Existing Trust Brokerage Account Information

Notarization of Trustee signature[s] is required in Section 8, page 9.

Exception: Notarizations are not required for Revocable Living Trusts where the Grantor(s) and Trustee(s) are the same individual(s).

The registration of your Investor Checking Trust account will be the same as the registration for your Trust brokerage account to which it is linked. Testamentary Trust accounts are not eligible for Investor Checking Trust accounts.

Indicate the Type of Trust:

- ☐ Revocable Living Trust where the Grantor(s), Trustee(s), and current beneficiary(ies) are all the same individual(s)
- ☐ Other Revocable Living Trust
- ☐ Irrevocable Living Trust

Schwab One Trust Account Number

Trust Tax ID Number* (If Revocable Living Trust, you may use Grantor's Social Security number.)

Trust Name

Original Date of Trust (mm/dd/yyyy)

Trust Is Governed by the Laws of the State of (Enter state.)

Trust/Legal Street Address (no P.O. boxes)

City

State

Zip Code

Charles Schwab & Co., Inc. and Charles Schwab Bank, SSB are separate but affiliated companies and subsidiaries of The Charles Schwab Corporation. Brokerage products are offered by Charles Schwab & Co., Inc., Member SIPC. Deposit and lending products and services are offered by Charles Schwab Bank, SSB, Member FDIC and an Equal Housing Lender.

Trust Mailing Address (if different from above; P.O. boxes may be used)

City

State

Zip Code

*Trust Tax ID Number must be the same as the Trust Tax ID Number on your existing Trust brokerage account.

2. Existing Trustee Information (Required)

The information provided in this section will be used by Schwab to update your account information for your linked Trust brokerage account. Your email subscriptions to brokerage services will not be changed.

We respect your privacy. Schwab Bank will use the personal identification and account information provided in this application and previously provided to Schwab to open and service your accounts, communicate with you, and offer information about products and services. For more information on privacy policies, read about our privacy policy in Schwab Bank's *A Commitment to Your Privacy* booklet. As required by federal law, we will use the information you provided to Schwab and Schwab Bank to verify your identity.

All Trustees who are to conduct business in the account must provide the following information. If there are more than two Trustees who are to conduct business in the account, photocopy the Account Application, complete Sections 2, 7, and 8 for each additional Trustee, and attach the photocopies to the original Account Application. As required by federal law, Schwab will use the information provided to verify your identity.

Primary Trustee

Name First

Middle

Last

Social Security/Tax ID Number

Date of Birth (mm/dd/yyyy)

Mother's Maiden Name

Are you known by another name? (Please specify.)

Home/Legal Street Address (no P.O. boxes)

City

State

Zip Code

Mailing Address (if different from above; P.O. boxes may be used)

City

State

Zip Code

Home Telephone Number

Business Telephone Number

Mobile Telephone Number

Email Address*

*By providing your email address, you consent to receiving email from Schwab Bank. Information about opting out of certain email communications is provided at www.schwab.com/privacy.

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

☐ USA ☐ Other: _____

Country of Legal Residence (Select only one.)

☐ USA ☐ Other: _____

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

☐ Passport ☐ Driver's License ☐ Gov't-Issued ID

Identification Number

Country or State of Issuance

Issue Date (mm/dd/yyyy)

Expiration Date (mm/dd/yyyy)

Investment and Insurance Products: Not a Deposit • Not FDIC Insured • Not Insured by any Federal Government Agency • No Bank Guarantee • May Lose Value

Employment Status (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 ☐ Financial Services/Banking Professional ☐ Military ☐ Consultant
☐ Executive/Senior Management ☐ Information Technology Professional ☐ Educator ☐ Other (specify):
☐ Medical Professional ☐ Other Professional ☐ Sales/Marketing
☐ Legal Professional ☐ Clerical/Administrative Services ☐ U.S. Government Employee (Federal/State/Local)
☐ Accounting Professional ☐ Foreign Government Employee (Non-U.S.) ☐ Trade/Service (Labor/Manufacturing/Production)

Business Street Address (no P.O. boxes)**City****State or Province****Zip or Postal Code****Trusted Contact Designation**

A Trusted Contact Person ("Trusted Contact")* is a resource Schwab, and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary. We encourage you to provide two Trusted Contacts in the event that one is not reachable in the future.

- Schwab suggests that your Trusted Contact(s) be someone other than your Financial Consultant or Investment Advisor.
- You may name up to two Trusted Contacts.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

Trusted Contact Information

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

Trusted Contact 1

If you have no changes to your existing Trusted Contact, please skip this section.

Name First Middle Last Suffix

Relationship (Please select only one.)

☐ Spouse ☐ Partner ☐ Child ☐ Parent ☐ Sibling ☐ Friend ☐ Other

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (no P.O. boxes)**City****State or Province****Zip or Postal Code****Country****Telephone Number****Mobile Number****Email Address****Trusted Contact 2**

If you have no changes to your existing Trusted Contact, please skip this section.

Name First Middle Last Suffix

Relationship (Please select only one.)

☐ Spouse ☐ Partner ☐ Child ☐ Parent ☐ Sibling ☐ Friend ☐ Other

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (no P.O. boxes) **City**

State or Province **Zip or Postal Code** **Country**

Telephone Number **Mobile Number** **Email Address**

*If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at [schwab.com/accountagreement](https://www.schwab.com/accountagreement).

Co-Trustee

Name *First* *Middle* *Last*

Social Security/Tax ID Number **Date of Birth** (mm/dd/yyyy) **Mother's Maiden Name**

Are you known by another name? (Please specify.)

Home/Legal Street Address (no P.O. boxes)

City **State** **Zip Code**

Mailing Address (if different from above; P.O. boxes may be used)

City **State** **Zip Code**

Home Telephone Number **Business Telephone Number** **Mobile Telephone Number**

Email Address*

*By providing your email address, you consent to receiving email from Schwab Bank. Information about opting out of certain email communications is provided at www.schwab.com/privacy.

Country(ies) of Citizenship (Must list each separated by a comma.) **Country of Legal Residence** (Select only one.)
☐ USA ☐ Other: _____ ☐ USA ☐ Other: _____

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

☐ Passport ☐ Driver's License ☐ Gov't-Issued ID

Identification Number **Country or State of Issuance** **Issue Date** (mm/dd/yyyy) **Expiration Date** (mm/dd/yyyy)

Investment and Insurance Products: Not a Deposit ▪ Not FDIC Insured ▪ Not Insured by any Federal Government Agency ▪ No Bank Guarantee ▪ May Lose Value

Employment Status (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 ☐ Financial Services/Banking Professional ☐ Military ☐ Consultant
☐ Executive/Senior Management ☐ Information Technology Professional ☐ Educator ☐ Other (specify):
☐ Medical Professional ☐ Other Professional ☐ Sales/Marketing
☐ Legal Professional ☐ Clerical/Administrative Services ☐ U.S. Government Employee (Federal/State/Local)
☐ Accounting Professional ☐ Foreign Government Employee (Non-U.S.) ☐ Trade/Service (Labor/Manufacturing/Production)

Business Street Address (no P.O. boxes)**City****State or Province****Zip or Postal Code****Trusted Contact Designation**

A Trusted Contact Person ("Trusted Contact")* is a resource Schwab, and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary. We encourage you to provide two Trusted Contacts in the event that one is not reachable in the future.

- Schwab suggests that your Trusted Contact(s) be someone other than your Financial Consultant or Investment Advisor.
- You may name up to two Trusted Contacts.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

Trusted Contact Information

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

Trusted Contact 1

If you have no changes to your existing Trusted Contact, please skip this section.

Name First Middle Last Suffix

Relationship (Please select only one.)

☐ Spouse ☐ Partner ☐ Child ☐ Parent ☐ Sibling ☐ Friend ☐ Other

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (no P.O. boxes)**City****State or Province****Zip or Postal Code****Country****Telephone Number****Mobile Number****Email Address****Trusted Contact 2**

If you have no changes to your existing Trusted Contact, please skip this section.

Name First Middle Last Suffix

Relationship (Please select only one.)

☐ Spouse ☐ Partner ☐ Child ☐ Parent ☐ Sibling ☐ Friend ☐ Other

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (no P.O. boxes)

City

State or Province

Zip or Postal Code

Country

Telephone Number

Mobile Number

Email Address

*If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at schwab.com/accountagreement.

3. Required Information About the Schwab Bank Investor Checking Trust Account

Source of Funds in Account (Required - check at least one.)

In this section, we're collecting information about the categories ("sources") of assets that will be held in your Account. Please select all of the sources of the assets that will be deposited or held in your Account, including the original sources of any assets that will be transferred into the Account from another firm.

☐ **Salary/Wages/Savings**

☐ **Investment Capital Gains**

☐ **Social Security Benefits**

☐ **Gifts**

☐ **Sale of Property or Business**

☐ **Gambling/Lottery**

☐ **Family/Relatives/Inheritance**

☐ **Other** (please specify): _____

Purpose of Account (Please select all that apply.)

☐ **General/Personal Expenses**

☐ **Distribution of Trust Assets**

☐ **Payment of Trust Expenses**

☐ **Payment of Trustee Compensation**

☐ **Educational Expenses**

☐ **Large Asset Purchase** (home, car, etc.)

☐ **Other** (please specify): _____

4. Schwab One® Trust Brokerage Account Features

Schwab's Cash Features Program

The current cash feature on your Schwab One Trust brokerage account will remain the same.

Payment Features

If you have existing payment features (checks, debit cards, Schwab BillPay®) on your Trust brokerage account, they will become inactive after your Investor Checking Trust account is opened. Debit cards will be deactivated 30 days after account opening. Checks and Schwab BillPay will be deactivated 90 days after account opening.*

*Schwab One and Schwab One Trust accounts must have at least a \$100 balance in order to receive a debit card or checks, unless the account is linked to a Schwab Bank Investor Checking™ account.

5. Schwab Bank Investor Checking Trust Account Features

Schwab Bank Bill Pay™

This online electronic bill payment feature is provided unless you check the box below. The feature is provided at no additional charge and will be activated after you fund your account.

☐ **Do NOT add electronic bill payment.**

Overdraft Protection

This feature systematically transfers funds from your Trust account, up to your Authorization Limit, including Available Margin Loan Value, to your Schwab Bank Investor Checking™ Trust account in order to provide you with coverage against nonsufficient funds.*

*Overdraft protection using margin sources may create a margin loan in your Trust account that may be subject to daily interest charges, margin calls, or potential liquidation of securities. Refer to the Schwab Bank Deposit Account Agreement and your Schwab One® Account Agreement for details.

Anticipated Activity

On average, how many times per month do you anticipate making deposits, withdrawals, and/or transfers? (Please select only one.)

- ☐ **Less than 15 times per month**
- ☐ **15 to 30 times per month**
- ☐ **31 to 45 times per month**
- ☐ **More than 45 times per month**

6. Fund Your Schwab Bank Investor Checking Trust Account (Select one.)

Schwab Bank checks will be sent after you fund your Investor Checking account with at least \$100; and Schwab Bank Bill Pay™ will be activated upon account opening unless expressly selected otherwise. A Visa® Platinum Debit Card will be sent upon account funding.

- ☐ **Make a one-time transfer of \$ _____ from your linked Trust brokerage account.**
- ☐ **Make a check payable to the name of the Trust, and mail it to one of the following locations:**

If you live in:	Send standard mail to:	Send overnight mail to:
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	Charles Schwab Bank P.O. Box 982605 El Paso, TX 79998-2605	Charles Schwab Bank 1945 Northwestern Drive El Paso, TX 79912
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	Charles Schwab Bank P.O. Box 628291 Orlando, FL 32862-8291	Charles Schwab Bank 1958 Summit Park Drive, Suite 200 Orlando, FL 32810

You may make an electronic funds transfer upon opening of the account on Schwab.com. Schwab registration must match the Other Financial Institution registration.

7. Schwab Bank Investor Checking Trust Account Application Agreement

The agreement is between Charles Schwab Bank, SSB ("Schwab Bank") and the account holder (the Trust listed on this application) for a Schwab Bank Investor Checking Trust account, as agreed to by the Trustee(s). The terms "I," "me," and "my" refer to each Trustee. By signing this agreement, I:

- (1) Certify that I am of the age of majority in the state in which I live, that I am legally authorized to enter into this agreement, and that the personal information provided in this application, and during the account application process, is true and correct;
- (2) Acknowledge that Schwab Bank will provide me with the following documents before account opening or before a service is provided: (a) the Schwab Bank Deposit Account Agreement, which contains an arbitration provision and the Terms and Conditions for the Schwab Bank Bill Pay™ service; (b) Schwab Bank's *A Commitment to Your Privacy*; (c) *Important Privacy Choice for Consumers*, for California residents only; and (d) the *Schwab Bank Deposit Account Pricing Guide*;
- (3) Acknowledge that if the application is approved, each Trustee will receive a Visa® Platinum Debit Card once the account is funded and the Visa Debit Card Agreement, which contains the terms and conditions that apply to this card;
- (4) Acknowledge that, unless I specifically stated otherwise, I will be enrolled in the Schwab Bank Bill Pay service;
- (5) Agree to be subject to the terms and conditions of all documents associated with this Investor Checking Trust account upon account opening, and acknowledge that Schwab Bank advises me to read all the disclosure documents prior to opening or using this account;
- (6) Acknowledge that this Investor Checking Trust account is linked with a Schwab One Trust account maintained at Charles Schwab & Co., Inc., a registered broker-dealer, and I authorize Charles Schwab & Co., Inc. to follow the instructions set forth in this application, if applicable;
- (7) Authorize Schwab Bank to inquire from any source, including a consumer reporting agency, as to the identity (as required by federal law), creditworthiness and ongoing eligibility for the account and other information at account opening, at any time throughout the life of the account, and thereafter, for debt collection or investigative purposes of all Trustees and of the Trust itself;

- (8) Certify that the information provided in this application is true and complete and that Schwab Bank is authorized to open and maintain the Investor Checking Trust account on behalf of the Trust identified in this application (the "Trust") in accordance with the account agreements applicable to the Investor Checking Trust account, including, without limitation, the authority to accept, hold, and deliver assets belonging to the Trust, as well as to accept orders and other instructions relating to the Trust from the Trustees;
- (9) Represent, warrant, and certify that the Trust expressly grants me the power to perform various functions in association with the Investor Checking Trust account, including, but not limited to, (a) open bank accounts, (b) write checks and otherwise withdraw or transfer funds out of the account, (c) view bank account information and (d) perform any other activity authorized by the Trust and Schwab Bank account agreements;
- (10) Represent, warrant, and certify that either (a) the Trust expressly authorizes that each Trustee, if more than one, is authorized to act individually, independently, and without the consent of the other Trustees; or (b) the Trustees have consented to each Trustee acting individually, independently, and without the consent of the other Trustees with respect to the Investor Checking Trust account, and that such delegation of authority is expressly authorized by the Trust and applicable law; and agree that any notice sent to one Trustee will constitute notice to all Trustees;
- (11) Acknowledge that Schwab Bank, in its sole discretion, and for its sole protection, may require the written consent of any or all Trustees prior to acting upon the instructions of any Trustee;
- (12) Represent, warrant, and certify that neither I nor the Trust imposes any obligation upon Schwab Bank for determining the purpose or suitability of (a) any instructions received from any Trustee or (b) payments or deliveries to or among Trustees;
- (13) Represent, warrant, and certify that there are no other currently acting Trustee(s) of the Trust other than those signing this Account Application Agreement. Should only one person execute this Account Application Agreement, it is a representation that the signer is the sole current acting Trustee. I further represent, warrant, and certify that the Trust has not been revoked, modified, or amended in any manner which would cause the representations contained in this Account Application Agreement to be incorrect;
- (14) Agree to notify Schwab Bank immediately in writing of any change that would cause any representation contained in this Account Application Agreement to become incorrect or incomplete;
- (15) Agree, jointly and severally, in both personal and representative capacities, to indemnify Schwab Bank, its affiliates, officers, directors, employees, and agents from, and hold such persons harmless against, any claims, judgments, surcharges, settlements, or other liabilities or costs of defense or settlement (including investigative and attorneys' fees) arising out of or related to the Investor Checking Trust account;
- (16) Acknowledge that the representations and obligations stated in this application and Account Application Agreement will survive the termination of the Investor Checking Trust account;
- (17) Represent, warrant, and certify that I and any and all beneficiaries of the Trust are individuals and not organizations, corporations or non-individual entities; and
- (18) Understand if no activity occurs in the account within the time period specified by applicable state law, the account may be transferred to the appropriate state.

All Trustees must sign below in blue or black ink only.

By signing below, I agree to the terms listed on this agreement. I also authorize the linkage of my Schwab One® Trust account to my Investor Checking Trust account in accordance with the attached Linking Authorization.

I certify, under penalty of perjury, that (1) the number shown on this application is the correct Taxpayer Identification Number for this Trust account; (2) the Trust is not subject to backup withholding because (a) the Trust is exempt from backup withholding, or (b) the Trust is not subject to backup withholding due to a failure to report interest and dividend income; (3) the Trust is a U.S. person (a domestic trust as defined in federal regulations section 301.7701-7); and (4) the Trust is exempt from Foreign Account Tax Compliance Act (FATCA) reporting. I understand that if I have been notified by the IRS that the Trust is subject to backup withholding as a result of dividend or interest underreporting and I have not received a notice from the IRS advising me that backup withholding is terminated, I must cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature(s) and Date(s) Required

X

Signature: Trustee

Print Name

Today's Date (mm/dd/yyyy)

X

Signature: Co-Trustee

Print Name

Today's Date (mm/dd/yyyy)

8. Notarization of Trustee Signature(s) (Required)

Exception: Notarizations are not required for Revocable Living Trusts where the Grantor(s) and Trustee(s) are the same individual(s).

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.

Certificate of Acknowledgment of Notary Public*

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.

X

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.

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.

Certificate of Acknowledgment of Notary Public*

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.

X

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.

Schwab Bank Investor CheckingTM Trust Account Application Agreement

These terms relate to your account and are part of the Schwab Bank Deposit Account Agreement between the account holder (the Trust listed on this application) and Charles Schwab Bank, SSB ("Schwab Bank"), as agreed to by the Trustee(s). Please read and retain for your files.

The terms "I," "me," and "my" refer to each Trustee. I:

- (1) Certify that I am of the age of majority in the state in which I live, that I am legally authorized to enter into this agreement, and that the personal information provided in this application, and during the account application process, is true and correct;
- (2) Acknowledge that Schwab Bank will provide me with the following documents before account opening or before a service is provided: (a) the Schwab Bank Deposit Account Agreement, which contains an arbitration provision and the Terms and Conditions for the Schwab Bank Bill PayTM service; (b) Schwab Bank's *A Commitment to Your Privacy*; (c) *Important Privacy Choice for Consumers*, for California residents only; and (d) the *Schwab Bank Deposit Account Pricing Guide*;
- (3) Acknowledge that if the application is approved, each Trustee will receive a Visa[®] Platinum Debit Card once the account is funded and the Visa Debit Card Agreement, which contains the terms and conditions that apply to this card;
- (4) Acknowledge that, unless I specifically stated otherwise, I will be enrolled in the Schwab Bank Bill Pay service;
- (5) Agree to be subject to the terms and conditions of all documents associated with this Investor Checking Trust account upon account opening, and acknowledge that Schwab Bank advises me to read all the disclosure documents prior to opening or using this account;
- (6) Acknowledge that this Investor Checking Trust account is linked with a Schwab One[®] Trust account maintained at Charles Schwab & Co., Inc., a registered broker-dealer, and I authorize Charles Schwab & Co., Inc. to follow the instructions set forth in this application, if applicable;
- (7) Authorize Schwab Bank to inquire from any source, including a consumer reporting agency, as to the identity (as required by federal law), creditworthiness and ongoing eligibility for the account and other information at account opening, at any time throughout the life of the account, and thereafter, for debt collection or investigative purposes of all Trustees and of the Trust itself;
- (8) Certify that the information provided in this application is true and complete and that Schwab Bank is authorized to open and maintain the Investor Checking Trust account on behalf of the Trust identified in this application (the "Trust") in accordance with the account agreements applicable to the Investor Checking Trust account, including, without limitation, the authority to accept, hold, and deliver assets belonging to the Trust, as well as to accept orders and other instructions relating to the Trust from the Trustees;
- (10) Represent, warrant, and certify that the Trust expressly grants me the power to perform various functions in association with the Investor Checking Trust account, including, but not limited to, (a) open bank accounts, (b) write checks and otherwise withdraw or transfer funds out of the account, (c) view bank account information and (d) perform any other activity authorized by the Trust and Schwab Bank account agreements;
- (10) Represent, warrant, and certify that either (a) the Trust expressly authorizes that each Trustee, if more than one, is authorized to act individually, independently, and without the consent of the other Trustees; or (b) the Trustees have consented to each Trustee acting individually, independently, and without the consent of the other Trustees with respect to the Investor Checking Trust account, and that such delegation of authority is expressly authorized by the Trust and applicable law; and agree that any notice sent to one Trustee will constitute notice to all Trustees;
- (11) Acknowledge that Schwab Bank, in its sole discretion, and for its sole protection, may require the written consent of any or all Trustees prior to acting upon the instructions of any Trustee;
- (12) Represent, warrant, and certify that neither I nor the Trust imposes any obligation upon Schwab Bank for determining the purpose or suitability of (a) any instructions received from any Trustee or (b) payments or deliveries to or among Trustees;
- (13) Represent, warrant, and certify that there are no other currently acting Trustee(s) of the Trust other than those signing this Account Application Agreement. Should only one person execute this Account Application Agreement, it is a representation that the signer is the sole current acting Trustee. I further represent, warrant, and certify that the Trust has not been revoked, modified, or amended in any manner which would cause the representations contained in this Account Application Agreement to be incorrect;
- (14) Agree to notify Schwab Bank immediately in writing of any change that would cause any representation contained in this Account Application Agreement to become incorrect or incomplete;
- (15) Agree, jointly and severally, in both personal and representative capacities, to indemnify Schwab Bank, its affiliates, officers, directors, employees, and agents from, and hold such persons harmless against, any claims, judgments, surcharges, settlements, or other liabilities or costs of defense or settlement (including investigative and attorneys' fees) arising out of or related to the Investor Checking Trust account;
- (16) Acknowledge that the representations and obligations stated in this application and Account Application Agreement will survive the termination of the Investor Checking Trust account;
- (17) Represent, warrant, and certify that I and any and all beneficiaries of the Trust are individuals and not organizations, corporations or non-individual entities; and
- (18) Understand if no activity occurs in the account within the time period specified by applicable state law, the account may be transferred to the appropriate state.



Linking Authorization

These terms relate to your account and are part of the Account Agreement between the account holder (the Trust listed on this application), Charles Schwab Bank, SSB ("Schwab Bank") and Charles Schwab & Co., Inc. ("Schwab"). Please read and retain for your files.

If you link your Trust account to an Investor Checking Trust account held at Schwab Bank, you authorize Schwab to accept and follow instructions received from Schwab Bank to transfer funds from your Schwab One Trust account to your Investor Checking Trust account as set forth in your Schwab Bank Investor Checking Trust Account Application and Schwab Bank Deposit Account Agreement. The provisions of the Agreement and Disclosures relating to checks and debit cards will not apply to the services received from Schwab Bank.

You authorize Schwab to act as your agent in processing those instructions from Schwab Bank. You understand and agree that Schwab has sole discretion to accept or deny, in whole or in part, any such instruction. You also agree that Schwab is not responsible for any errors in calculation or damages resulting from errors in calculations or delays in transfers. In no event will Schwab be liable for any special, indirect, or consequential damages, even if we have been informed of the possibility of such damages.

You authorize Schwab to act upon your requests for Real-Time Funds Transfers (as defined in the Schwab Bank Deposit Account Agreement) from

Schwab Bank. The maximum amount you may transfer will be calculated the same way Schwab calculates the Authorization Limit for brokerage checkwriting privileges as set forth in the Schwab One® Account Agreement. By requesting a Real-Time Funds Transfer, you understand that you may create a margin loan in your brokerage account that may be subject to daily interest charges.

In order for transfers to occur, both your Investor Checking Trust account and your Schwab One Trust account must be open and active and linked with each other. Target Balance Transfers will be limited to your Authorization Limit (as described in the Schwab One Account Agreement), excluding your Available Margin Loan Value (as defined in the Schwab One Account Agreement). Overdraft Transfers will be limited to your Authorization Limit.

If you have a debit balance in your Schwab One Trust account, Target Balance Transfers will not be made to your Investor Checking Trust account. Pending securities trades (including the Automatic Investment Plan [AIP]), pending debits to your account, and pending transfers of funds from your Schwab One Trust account may not

be considered in determining whether funds are available for transfer from your Schwab One Trust account to your Investor Checking Trust account at Schwab Bank.

Further, transfers of funds from your Schwab One account are subject to Schwab's minimum deposit requirements. You and your Schwab One Trust account may not have any restrictions preventing Schwab from using funds in your Schwab One Trust account to satisfy a transfer instruction from Schwab Bank. If your account becomes subject to a restriction, your eligibility for this feature may be revoked and you understand that Schwab Bank may close your Investor Checking Trust account. Transfers to Schwab Bank may result in debits in your account. You acknowledge that you are responsible for all debits (and interest on debits) in your account, as described in further detail in the Agreement and Disclosures. Your Schwab One Trust account remains an obligation solely of Schwab. Likewise, your Investor Checking Trust account remains an obligation solely of Schwab Bank.

Certification of Trust

This Certification of Trust sets forth the Trustees' representations and warranties regarding their authority under the Trust. Please retain for your files.

By signing the application, each Trustee represents and warrants that Charles Schwab Bank, SSB ("Schwab Bank") is authorized to open and maintain the account on behalf of the Trust identified in this application (the "Trust") in accordance with the account agreements applicable to this account, including without limitation the authority to accept, hold, and deliver assets belonging to the Trust, and to accept orders and other instructions relating to the Trust from the Trustees.

The Trustees represent, warrant, and certify that either (1) the Trust expressly authorizes that each Trustee, if more than one, is authorized to act individually, independently, and without the consent of the other Trustees; or (2) the Trustees have consented to each Trustee acting individually, independently, and without the consent of the other Trustees with respect to the account and that such delegation of authority is expressly authorized by the Trust and applicable

law. The Trustees agree that any notice sent to one Trustee will constitute notice to all Trustees. Schwab Bank, in its sole discretion and for its sole protection, may require the written consent of any or all Trustees prior to acting upon the instructions of any Trustee.

The Trustees represent, warrant, and certify that neither they nor the Trust imposes any obligation upon Schwab Bank for determining the purpose, suitability, or propriety (i) of any instructions received from any Trustee or (ii) of payments or deliveries to or among Trustees.

By signing this application, each Trustee further represents, warrants, and certifies that there are no currently acting Trustee(s) of the Trust other than those signing below. Should only one person execute this application, it is a representation that the signer is the sole current acting Trustee. Finally, the Trustees represent, warrant, and certify that the Trust

has not been revoked, modified, or amended in any manner which would cause the representations contained in this Certification to be incorrect. Each Trustee agrees to notify Schwab Bank immediately in writing of any change that would cause this Certification to become incorrect or incomplete.

Each Trustee hereby, jointly and severally, in both personal and representative capacities, agrees to indemnify Schwab Bank, its affiliates, officers, directors, employees, and agents from, and to hold such persons harmless against, any claims, judgments, surcharges, settlements, or other liabilities or costs of defense or settlement (including investigative and attorneys' fees) arising out of or related to any act or omission to act by any Trustee with respect to the account.

The representations and obligations stated in this Certification will survive the termination of the account.

