

**Important Note:** To help reduce the risk of fraud, this form should not be sent to Plan Sponsors. Instead, Independent Recordkeepers should complete the form and return it to Schwab.

- We may need to confirm your instructions prior to processing your request. To avoid delay, please complete all required fields and provide all information as requested.
- Fax to 1-877-535-3403

## 1. Schwab Account Information

Plan Master Account

Plan Name

## 2. MoneyLink Instructions

Amount

Outgoing from Plan

Incoming to Plan

Bank Account Number

Bank Name

## 3. Independent Recordkeeper (IR) Confirmation

**By signing below, I represent that the following are true regarding the above and/or attached client money movement instructions.**

- The money movement instructions provided are consistent with Plan terms.
- Our firm and the client understand and acknowledge that Schwab is not a payor and will not withhold taxes (unless the Plan trustee has separately entered into a paying agent agreement with Charles Schwab Bank.)
- I, or someone at my firm, have reviewed the client instructions as described in the attached money movement request.
- I, or someone at my firm, have confirmed with the client that the signatures and instructions are authentic. Such confirmation has been done in a manner that is consistent with established internal policies and procedures and may include verbal confirmation, authorization through secure authentication systems, or other established protocols.
- Our firm understands that Schwab is relying on my representations and understands and agrees that Schwab is not responsible for any resulting loss if verbal verification was not received by my firm.

I represent that I am an authorized signer for my firm and/or am authorized to act on its behalf, and by signing I intend to create a binding legal agreement on behalf of my firm.

**By signing below, I authorize Charles Schwab & Co., Inc. to MoneyLink funds with the Schwab account listed in 1. above, pursuant to the above and/or attached instructions. The authorized party certifies that the above information is correct.**



Authorized Signature

Title

Print Name

Date