

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

IA Firm Name (please print): _____

IA Master Account Number: _____ Service Team: _____

Note: This form cannot be used for distributions from Custodial, IRA, 403(b), Qualified Retirement Plan (QRP) or Keogh accounts. For these distributions, use your Custodial account, IRA, 403(b) or QRP and Keogh distribution form.

1. Standing Instructions (Optional)

Please initial below only if you want your IA to initiate transfers to accounts of unlike registration. (An X is not sufficient.) You may revoke this authorization by notifying Schwab.

Account Holder/Trustee/
Executor

Additional Account Holder/
Co-Trustee/Co-Executor

I authorize Schwab to accept instructions from my IA to transfer funds from this account as designated in Section 3. IA's authority does not include requesting disbursements to other payee(s), Schwab accounts or other financial institution accounts not identified below. I have previously granted my IA LPFA or WPFA authority on this account. I hereby acknowledge that this authority is effective regardless of any differences in payee(s) or registration between these two accounts.

2. Schwab Account Information

Please check all that apply: Implement new instructions Change existing instructions
 Implement additional instructions Terminate existing instructions

Schwab Account Number: _____

Name(s) on Schwab account (List all names on the account.)

3. Distribution Instructions

Choose one: Please send check to the address on my Schwab account.
 Please make the check payable as indicated below (all fields required):

Payee First Name _____ Middle _____ Last _____

Payee Mailing Address _____ City _____ State _____ Zip Code _____

Recipient name is different from payee's name. Please mail check to (all fields required):

Recipient First Name _____ Middle _____ Last _____

Recipient Address _____ City _____ State _____ Zip Code _____

Use overnight delivery. (Fees apply. Call your investment advisor for details.)

Journal to Schwab account number: _____

This is a contribution to an IRA for tax year: _____ (yyyy)

For Charles Schwab Use Only

Account Number _____



4. Frequency of Distribution: One-Time, Periodic or Total

Call your investment advisor if you want to liquidate any securities in your account before this distribution is issued.

Choose one:

A. One-Time (on request)

- Distribute entire money market fund balance.
- Distribute \$_____ from my money market fund.
- Distribute specific shares of securities listed below.
- Distribute, in certificate form, specific shares of securities listed below.*

If you indicated that you want securities distributed, please list the securities here.

| Number of Shares | Name of Security | Number of Shares | Name of Security |
|------------------|------------------|------------------|------------------|
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| | | | |

(Please list additional securities on a separate sheet.)

B. Periodic (on schedule)

Beginning _____, and continuing until I instruct otherwise, distribute \$_____ from my money market fund.
(mm/dd/yyyy)

- Frequency (choose one): Weekly Semi-monthly Monthly Last business day of each month
 Every two months Quarterly Semi-annually Annually

C. Total

- Please distribute entire account assets in kind. (For journal use only.)
- Distribute all cash equivalents and/or all securities in certificate form from my Schwab account.*

My Schwab account should (select one): Be closed (Account Holder signature required) Remain open

*Allow approximately four to six weeks to process distributions of securities in certificate form. The value of the distribution (including securities) is determined as of the closing price on the business day the distribution is issued. Schwab charges a per-certificate fee for physical stock certificates. Please refer to the *Charles Schwab Institutional® Pricing Guide* for more information. Mutual funds, certificates of deposit and Treasuries cannot be delivered in certificate form.

5. Please Read and Sign

By signing below, I acknowledge that Schwab will not process my distribution request if there are not sufficient available funds in the account. I understand that Schwab reserves the right to terminate automatic transfers, at its election, for any reason. I certify that the information provided on this form is correct, and Schwab may rely on my certification without further investigation or inquiry.

Note: Account holder(s) MUST sign below if assets are moving to a party other than the account holder(s), or when requesting to close a Schwab account.

| | | |
|--|---------------------|----------------------------------|
| ▶ _____ Signature: Account Holder/Trustee/Executor | _____ Print Name | _____ Date _____ (mm/dd/yyyy) |
| ▶ _____ Signature: Account Holder/Co-Trustee/Co-Executor | _____ Print Name | _____ Date _____ (mm/dd/yyyy) |
| ▶ _____ Signature: Account Holder/Co-Trustee/Co-Executor | _____ Print Name | _____ Date _____ (mm/dd/yyyy) |
| ▶ _____ Signature: Investment Advisor (if applicable and so authorized) | _____ Print Name | _____ Date _____ (mm/dd/yyyy) |

Investment advisor may sign only if account holder has granted disbursement authority and the receiving account registration is identical to the Schwab account registration.