

How to Open a Schwab Investment Account For Your Solo 401k



DISCLAIMER: Please note that this is not and should not be considered a replacement for tax, legal or investment advice. If you have any questions on completing the Schwab application or successfully completing your rollovers, we strongly suggest you reach out to Schwab directly at (800) 435-4000.

Important: Make Sure the Schwab Application is Up to Date



NOTE: Schwab documents are subject to change at any time. Please visit [Schwab.com](https://www.schwab.com) to ensure you have the most up to date application. This guide is for informational purposes only and is not a replacement for tax, legal or investment advice. If you have any questions on completing the Schwab application or successfully completing your rollovers, we strongly suggest you reach out to Schwab directly at (800) 435-4000.

You can access the Schwab Company Retirement Account application by visiting: <https://www.schwab.com/resource/cra-master-form>

Schwab recommends using the Company Retirement Account Master Account Application as the "Investment-only" brokerage account connected to your Solo 401k Plan.

Section 1: Company Information



Note: To assist in filling out this application, you may want to have your Solo 401k Adoption Agreement.

You can download your signed 401k plan document by visiting <https://app.solo401k.com/user/document>

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Begin by inputting your business information in Section 1

1. Company Information

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Company Name

Employer Tax ID Number or Social Security Number (if sole proprietor)

Company Structure

Sole Proprietorship Partnership Corporation S Corporation Other (specify):

State of Incorporation

Country of Legal Establishment (Select only one.) USA Other:

Company Street Address (no P.O. boxes)

City

State

Zip Code

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

City

State

Zip Code

Telephone Number



Company Name: Input your company's full name

Company EIN: Enter your company tax ID number

Company Structure: Enter your business entity type (LLC, Partnership, corporation, etc)

State of incorporation: This is where you filed your LLC, or incorporated your corporation. If you are a sole proprietor, this is the state where your business is located.

Company address/telephone number: Input correct and accurate information for your adopting employer

Section 2: Plan Details

2 Enter your 401k trust name and 401k tax ID number (this is your 401k trust EIN)

2. Plan Details

Plan Name Plan Tax ID Number

i Plan Name: Input your trust name as listed in your Adoption Agreement. Please note, Schwab wants your 401k trust name, not the plan name.

Plan Tax ID Number: Use your Trust Tax ID number found at <https://app.solo401k.com/user/documents>

3 Complete 401k plan details (see more in tip below)

Type of Plan

Profit-Sharing Money Purchase 401(k) Defined Benefit

403(b)* 457(b)* 457(f)* Non-Qualified* Other* (specify):

*If you selected one of these plan types, you must complete Section 6, "Required Information for Customers Who Indicated 457(b), 457(f), Non-Qualified, or Other for Plan Type in Section 2."

Date Plan Established (mm/dd/yyyy) Approximate Plan Assets Number of Participants

Does your Plan document allow covered options trading?

Yes No (If "yes," complete the enclosed Options Application.)

Does the Plan allow Participants to direct investments into their own accounts?

Yes No

Does the Plan allow for segregated accounts/FBO?

Yes No

If segregated accounts are allowed, does the Plan allow the Participant to trade directly with Schwab?

Yes No

Note: A Participant application is required for each Plan Participant if you are establishing separate accounts.



Type of Plan: Check 401(k)

Date Plan Established: Input the date you established your Solo 401k plan with Nabers

Number of participants: If you and your spouse both participate in the Solo 401k plan, you can each have participant accounts under the Master Company Retirement Account

You can mark "yes" to the last 4 questions.\

- Yes, the plan allows covered options trading\
- Yes, the plan allows participants to direct investments\
- Yes, the plan allows for segregated accounts/FBO\
- Yes, the plan allows the participant to trade directly with Schwab

Section 3: Plan Sponsor (your business) Info

4 Check "Operating Entity" and enter your business name and description

3. Plan Sponsor's Primary Business or Professional Activity

3a. To properly categorize and serve your Organization, we need to know the type of activity in which it is engaged. Please provide the six-digit North American Industry Classification System (NAICS) code that best describes your business (if you don't know your NAICS code, you can look it up at www.census.gov/naics):

3b. Required Information About the Organization's Primary Business or Professional Activity. Select only one option that most closely reflects the Organization's primary business, and provide the additional requested information (as applicable):

<input type="checkbox"/> Financial Institution Examples of financial institutions include: <ul style="list-style-type: none"> • Investment funds (pooled/passive investment vehicles) • Private equity vehicles • Broker-dealers • Insurance companies • Venture capital vehicles • Investment Advisors • Banks • Trust companies 	Please describe the Organization's primary purpose(s) and field(s) of activity. Please also provide the name of the government agency that serves as your primary regulator. <input type="checkbox"/> If the Organization is either a U.S. registered broker-dealer or a non-U.S. financial institution and if the assets in the account are not customer assets, please check this box.
<input checked="" type="checkbox"/> Operating Entity The Organization provides commercial products or services.	Please describe the commercial products or services that your Organization provides.
<input type="checkbox"/> Non-Operating Entity Examples of non-operating entities include: <ul style="list-style-type: none"> • Holding companies • Asset protection vehicles • Personal investment companies • Estate planning vehicles • Shell companies 	Please describe the Organization's primary purpose(s) and field(s) of activity.
<input type="checkbox"/> Charitable Organization	Please describe the Organization's charitable purpose.
<input type="checkbox"/> Governmental Organization This includes any state or political subdivision of a state, including: <ul style="list-style-type: none"> • Any agency, authority, or instrumentality of the state or political subdivision • A pool of assets sponsored or established by the state or political subdivision or any agency, authority, or instrumentality thereof, including, but not limited to, a "defined benefit plan" as defined in Section 414(j) of the Internal Revenue Code (26 U.S.C. 414(j)) or a state general fund 	

Section 4: Trustee Information

- 5 Enter your information as the 401k trustee. Include your spouse in the "co-trustee" section if your spouse is a co-trustee in your 401k plan

4. Trustee Information

All Trustee(s) who will be conducting business at Schwab on behalf of the Plan must complete the information requested below. For more than two Trustees, please photocopy this "Trustee Information" section, provide information on each additional Trustee, and attach it to this form.

Complete all sections. We respect your privacy. Charles Schwab & Co., Inc. ("Schwab") will use the information you provide to open and service your account, communicate with you, and provide information about products and services. Read about Schwab's privacy policy at Schwab.com/privacy. As required by federal law, Schwab will use the information provided below to verify your identity. If the Trustee is an Entity, please complete the Supplemental Trust Account Application for Entity Trustees. Please make a copy of Section 4 and provide it to the agent of the Entity listed on the Supplemental Trust Account Application.

Trustee

As required by federal law, Schwab will use the information provided to verify your identity.

Name First Middle Last

Social Security/Tax ID Number Date of Birth (mm/dd/yyyy) Are you known by another name? (Please specify.)

Regulations require that you provide us with your legal address.

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

City State or Province Zip or Postal Code

Mailing Address (Include mailing address if different from home/legal address. P.O. boxes may be used.)

City State or Province Zip or Postal Code

Telephone Number Mobile Number Work Number Extension

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Complete information about you as the trustee, including occupation, marital status, and investment experience

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)

Employer Name/Business Name **Business Street Address (no P.O. boxes)**

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

The Next Two Questions Are Required by Industry Regulations

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

No Yes (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your Account when submitting this Application. **List the company name** _____.)

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 _____.)

Marital Status

Single Married Divorced Widowed **Number of Dependents** _____

Investment Experience (Please select only one box.)

None Limited Good Extensive

Annual Income (Please select only one box.)

Under \$15,000 \$15,000-\$24,999 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000 or more

Liquid Net Worth

Your liquid net worth is the part of your net worth that can be easily turned into cash. Liquid net worth includes investments like stocks and mutual funds but not assets like real estate.

Please select only one box.



Employment status should be checked 'employed' or 'self-employed', depending on your employment status.

Employer name: If you've checked 'self-employed', this is your business or personal name, if you are a sole proprietor "(the "Employer")".

Business Street Address: This is your business address

Investment experience: complete your investment experience, assets, income, net worth, etc in the section provided

NOTE: If you and your spouse are co-trustees in the Solo 401k plan, you must list both of your names on the application

Section 5: Investment Objectives

7 Choose the investment objective that best suits your needs.

5. Investment Objective

Overall Investment Objective of Account (Check all that apply.)

Capital Preservation

You are seeking to minimize the potential of losing your initial investment.

Income

You are seeking the continued receipt of current income while recognizing and accepting the risks of income-generating investments.

Growth

You are seeking to increase the value of your investments over time while accepting price fluctuations and volatility.

Speculation

You are willing to assume a higher risk of loss in exchange for potentially higher returns.

Section 6: OK to skip (you checked 401k in section 2)

8 You can leave Section 6 blank since you checked "401k" in Section 2 (this section is not applicable to you)

6. Required Information for Customers Who Indicated 457(b), 457(f), Non-Qualified, or Other for Plan Type in Section 2.

Please complete this section for the following:

- At least one Control Person of the Organization
- All $\geq 10\%$ Beneficial Owners

Check here if no single individual or Legal Entity/Trust owns $\geq 10\%$ of the Organization. You agree to notify Schwab if or when someone owns $\geq 10\%$ of the Organization in the future. If checked, complete the following for Authorized Individuals and at least one Control Person (e.g., principals, directors, officers, and managing members).

Control Persons	<ul style="list-style-type: none">• An individual with significant responsibility for managing the Organization (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).• Please complete Section 6b for a Legal Entity or Trust that is a Control Person of the Organization.• At least one Control Person is required.
$\geq 10\%$ Beneficial Owners	<ul style="list-style-type: none">• Each individual, if any, who owns, directly or indirectly, $\geq 10\%$ of the equity interests of the Organization (e.g., each natural person that owns $\geq 10\%$ of the shares of a corporation).• In the instance where a Trust is an equity owner of the Organization, the Trustees are considered Beneficial Owners per industry regulations. Please complete Section 6c with Trust and Trustee information.• Please note that the Beneficial Ownership information provided in this application will be applied to all other similarly registered Organization accounts with the same Taxpayer Identification Number (TIN) maintained at Schwab.

6a. Required Information About Individuals Who Are Control Persons and/or $\geq 10\%$ Beneficial Owners

If there are more than two individuals who are Control Persons and/or $\geq 10\%$ Beneficial Owners, please make, complete, and attach additional copies of this section.

Individual 1

Role of Individual on Account (Select all that apply.)

- Control Person $\geq 10\%$ Beneficial Owner

Title or Capacity of Individual (Select all that apply.)

Section 7: Account Features

9 There is nothing to complete in Section 7

7. Account Features

Your Consent to Enroll in Schwab's Cash Features Program

The Cash Features Program is a service that offers the Bank Sweep feature (named with respect to retirement plans the "Schwab Bank Sweep for Benefit Plans" feature) (a "Cash Feature") to permit uninvested cash (the "Free Credit Balance") in the Plan and/or Participant brokerage accounts under the Plan, as applicable, to earn income while you and/or your Participants, as applicable, decide how those funds should be invested longer term.

You understand that the terms and conditions of the Cash Features Program and of each Cash Feature are set forth in the Cash Features Disclosure Statement.

You instruct and direct Schwab to include the Free Credit Balance under the Plan in the Cash Features Program, as described in the Cash Features Disclosure Statement.

The Bank Sweep feature (including the Schwab Bank Sweep for Benefit Plans feature) is designated as the Cash Feature for brokerage accounts of account holders residing in the U.S. Through the Bank Sweep feature, Schwab automatically makes deposits to and withdrawals from deposit accounts at one or more Sweep Banks that are insured by the Federal Deposit Insurance Corporation (FDIC) up to certain prescribed FDIC limits.

Section 8: Paperless Statements

10 Choose paperless statement enrollment (or opt to receive mailed statements)

8. Paperless Document Enrollment

The Trustee will receive account statements, trade confirmations, shareholder materials, account agreements and related disclosures, and other regulatory documents, if available in paperless form, by email. For certain documents, including account statements, the Trustee will receive an email notification with a link to log on to our secure website to access your documents. For complete information, please see Important Information About Your Informed Consent to Receive Paperless Documents in the Appendix to this application.

To opt for Paperless Documents, simply provide the Trustee's email address in Section 4. The enrollment completion will depend on one of the following scenarios.

Scenario 1:

If you are the Trustee and already have an account enrolled in Paperless Documents using the email address provided in Section 4, have logged on to Schwab.com in the past six months, and agree to the following, your paperless enrollment will be complete once your account is opened.

- I have read and understood the Important Information About Your Informed Consent to Receive Paperless Documents in the Appendix to this application and consent to enrolling this account in Paperless Documents.
- I understand that I will receive an email with my new account agreement and related disclosures.

Or

Scenario 2:

If you are the Trustee and do not have an existing account enrolled in Paperless Documents, are using a different email address, or have not logged on to Schwab.com in the past six months, we will send you an email after the account is opened. To complete enrollment, you will need to click the "I Consent" button in that email and/or follow the instructions to access Schwab.com. If you do not click the "I Consent" button, this account will not be enrolled in Paperless Documents and we will send your account agreement and related disclosures, as well as future regulatory documents, by postal mail.

If you do not want to participate in Paperless Documents, please check the box below.

- No, do not enroll my account in Paperless Documents. Please send my regulatory documents via postal mail.

Section 9: Optional Checks

11 Schwab can send you a checkbook for your 401k investment account.

9. Optional Checks

If you would like to order Schwab One® checks, please check here.

Anticipated Activity

On average, how many times per month do you anticipate writing checks? (Please select only one.)


If no selection is made, the Anticipated Activity will default to "Less than 5 times per month."

Less than 5 times per month

5 to 10 times per month

11 to 20 times per month

More than 20 times per month

 Even if you are opening a bank account for your Solo 401k trust, you may want an additional checkbook in case you want to invest funds directly from your brokerage account. The checkbook will generally have checks written in the name of your Solo 401k trust.

Section 10: Certificate of Trust

12 Nothing is required to be completed in this section

10. Certification of Trust

By signing this application, each Trustee signing below (the "Trustees") certifies that the representations and warranties in the attached Certification of Trust are true and complete.

Section 11: Sign and date the application

13 Enter your name, sign and date where applicable

acknowledge, with my signature below, that I have received a Fee Disclosure Report (explanation of fees and services) from Charles Schwab & Co., Inc., or its affiliates, which contains information required by 29 C.F.R. Section 2550.408b-2(c)(1) (the ERISA section 408(b)(2) regulation).

You also acknowledge that, while bank deposit products available through Schwab—such as certificates of deposit offered on Schwab CD OneSource® and deposit products offered by

for purposes of this Account Application and the attached Application Agreement, the terms "you," "your," and "Trustee" refer to each person who signs this Account Application and apply with respect to both a person's individual capacity as well as any applicable representative or fiduciary capacity when such a person is acting on behalf of a legal owner of assets in the account. When the legal owner of assets in the account is not a natural person, the terms "you," "your," and "Trustee" also refer

throughout the life of the account, and thereafter for debt collection or investigative purposes.

Note: You may not alter, change, supplement, or amend ("modifications") the terms and conditions of this Account Application, Application Agreement, or the Agreement and Disclosures in any manner. You agree that Schwab shall not be liable for any modifications made without Schwab's prior written consent.

I certify, under penalty of perjury, that (1) the number shown on this application is the correct Plan Tax Identification Number; (2) the Plan is not subject to backup withholding due to a failure to report interest and dividend income; (3) the Plan is a U.S. person (a U.S. citizen or U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the Plan is exempt from FATCA reporting is correct.

If you have been notified by the IRS that the Plan is currently subject to backup withholding because the Plan has failed to report all interest and dividends on its tax return, you must check the following box indicating that item (2) above does not apply:

If you are submitting this application for an account that the Plan holds in the U.S., item (4) above does not apply.

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

The Agreement with Schwab includes a predispute arbitration clause. You acknowledge receipt of the predispute arbitration clause contained on pages 3 and 4 of the Certification of Trust and Company Retirement Master Account Application Agreement.

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)

✓

Section 12: Third Party Admin (leave blank)

14 Leave Section 12 unless you have engaged/hired a third party administrator (this is not common as your Solo 401k is self-administered by you)

12. Third-Party Pension Administrator (TPA) (Complete this section if you use a TPA to administer your Plan.)

Organization Information

Name of Organization

Tax ID Number

Country of Legal Establishment (Select only one.)

State of Incorporation

USA Other: _____

Organization Street Address (no P.O. boxes)

City

State

Zip Code

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

Organization Telephone Number

Email Address* (required to access your account through the web)

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

Section 13 + 14 + 15: Leave Blank

15 Leave Section 13-15 unless you have engaged/hired a third party administrator (this is not common as your Solo 401k is self-administered by you)

13. TPA Authority (Complete this section if you use a TPA to administer your plan.)

A. Duplicate statement and confirms. (All Trustees listed in Section 4 must initial.)

Trustee	Co-Trustee	Co-Trustee	Co-Trustee
_____	_____	_____	_____

B. Relay trading instructions. (Your TPA Authorized Agent **must** also complete Section 14 and sign in Section 15. All Trustees listed in Section 4 must initial.)

Trustee	Co-Trustee	Co-Trustee	Co-Trustee
_____	_____	_____	_____

Note: This is a Limited Trade Authorization (LTA) under the terms set forth in the Limited Trade Authorization (LTA) for TPA Agreement.

14. TPA Authorized Agent Information (Required if Section 13B applies)

All TPAs who are to conduct business in the account must provide this information. As required by federal law, Schwab will use the information provided below to verify your identity.

TPA Authorized Agent

As required by federal law, Schwab will use the information provided to verify your identity.

_____	_____	_____
Name First	Middle	Last

Social Security/Tax ID Number **Date of Birth (mm/dd/yyyy)** **Are you known by another name? (Please specify.)**

Regulations require that you provide us with your legal address.

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

_____	_____	_____
City	State or Province	Zip or Postal Code



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Schwab CRA Participant Application



If you and your spouse are both opening an account because you are both participants, you both need to fill out a Participant Application after filling out the Master Account Application.

Access the participant application by visiting:
<https://www.schwab.com/resource/cra-participant-form>

16 Enter your 401k Tax ID number.

The Plan Master Account number will be provided by Schwab (this is your Master account Schwab account number)

For important disclosures about our relationship with you and the services we can provide, please visit [Schwab.com/transparency](https://www.schwab.com/transparency).

Use this form to establish separate brokerage accounts for each Participant in your retirement plan. This form must be completed in conjunction with the Schwab Company Retirement Account Master Account Application.

Employer:

- Please use this as an original and make a copy for each employee, as necessary.
- Provide Trust Tax Identification Number:
- Provide Plan Master Account Number:
- Make a copy of the completed Company Retirement Account Participant Application for your files. Return the original with your Company Retirement Account Master Account Application.

Employee:

- Complete, sign, date, and return this application to your employer.

Note: Margin borrowing is not available for Company Retirement Accounts.

Participant App Section 1: Participant Info

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Enter the information as requested for the participant (this may be you and/or your spouse)

1. Participant Information (This section must be completed by the employee.)

Complete all sections below. We respect your privacy. Charles Schwab & Co., Inc. ("Schwab") will use the information you provide to open and service your accounts, communicate with you, and provide information about products and services. Read about Schwab's privacy policy at Schwab.com/privacy.

As required by federal law, Schwab will use the information provided to verify your identity.

Name First Middle Last

Social Security/Tax ID Number Date of Birth (mm/dd/yyyy) Are you known by another name? (Please specify.)

Regulations require that you provide us with your legal address.

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

City State or Province Zip or Postal Code

Mailing Address (Include mailing address if different from home/legal address. P.O. boxes may be used.)

City State or Province Zip or Postal Code

Telephone Number Mobile Number Work Number Extension

Email Address* Mother's Maiden Name

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

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

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Provide your employment information (as the 401k plan participant)

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)

Securities industry regulations require that we collect the following information.

Employment Information (Please select only one box.)

Employed Self-Employed Retired Homemaker Student Not Employed

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)

Employer Name/Business Name Business Street Address (no P.O. boxes)

City State Zip Code

19 Complete the participant investor profile

The Next Two Questions Are Required by Industry Regulations:

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

No Yes (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. **List the company name** _____.)

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 _____.)

Marital Status

Single Married Divorced Widowed **Number of Dependents** _____

Investment Experience (Please select only one box.)

None Limited Good Extensive

Annual Income (Please select only one box.)

Under \$15,000 \$15,000-\$24,999 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000 or more

Liquid Net Worth

Your liquid net worth is the part of your net worth that can be easily turned into cash. Liquid net worth includes investments like stocks and mutual funds but not assets like real estate.

Please select only one box.

Under \$25,000 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000-\$249,999 \$250,000 or more

\$ _____

Specify dollar amount if \$250,000 or more.

20 You can leave "Trusted Contact" blank (since the Schwab account is typically only accessed by you and your spouse)

Trusted Contact Information

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

Person 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**

Participant App Section 2: Investment Objective

21 Select which option is right for your investment objectives for this account

2. Overall Investment Objective of Account (Select one only.)

- Capital Preservation**
You are seeking to minimize the potential of losing your initial investment.
- Income**
You are seeking the continued receipt of current income while recognizing and accepting the risks of income-generating investments.
- Growth**
You are seeking to increase the value of your investments over time while accepting price fluctuations and volatility.
- Speculation**
You are willing to assume a higher risk of loss in exchange for potentially higher returns.

Participant App Section 4: Sign and Date

22 Sign and date the participant application

you have received and read the attached Application Agreement, which contains a predispute arbitration provision. You acknowledge that your signature signifies and constitutes your agreement that this account and your relationship with Schwab will be governed by the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One® Account Agreement and the Charles Schwab Pricing Guide, each as amended from time to time (the "Agreement and Disclosures"). You understand there are fees associated with establishing, maintaining, engaging in transactions in, and transferring assets out of this account.

You acknowledge that your authority to place trade orders is subject to the grant of authority by the Trustee(s) or Plan Sponsor(s) of your

Sponsor(s) may revoke your authority at any time by giving written notice to Schwab. You agree not to take any action that exceeds your authority as granted to you by the Trustee(s) or Plan Sponsor(s). You agree to indemnify and hold Schwab, its affiliates and their directors, officers, employees and agents, harmless from and against all claims, actions, costs and liabilities arising out of or relating to any dispute between you and the Trustee(s) or between you and the Plan Sponsor(s).

Unless the Trustee(s) direct otherwise, Schwab will send trade confirmations and account statements to you and, if requested by the Trustee(s), to the Trustee(s).

You also acknowledge that, while bank deposit products available through Schwab—

Schwab CD OneSource® and deposit products offered by Charles Schwab Bank, SSB—are insured by the Federal Deposit Insurance Corporation (FDIC) to the maximum extent provided by law, the securities products purchased or sold in a transaction with Schwab (i) are not insured by the FDIC; (ii) are not deposits or other obligations of Schwab and are not guaranteed by Schwab Bank; and (iii) are subject to investment risks, including possible loss of the principal invested.

For purposes of this Account Application and the attached Application Agreement, the terms "you," "your," and "Participant" refer to each person who signs this Account Application. The terms "we," "us," "our," and "Schwab" refer to Charles Schwab & Co., Inc.

I certify, under penalty of perjury, that (1) the number shown on this application is the correct Taxpayer Identification Number; (2) I am not subject to backup withholding due to a failure to report interest and dividend income; (3) I am a U.S. person (a U.S. citizen or U.S. resident alien); and (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

If you have been notified by the IRS that you are subject to backup withholding as a result of dividend or interest underreporting, you must check the following box indicating that item (2) above does not apply:

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

The Agreement with Schwab includes a predispute arbitration clause. You acknowledge receipt of the predispute arbitration clause contained on pages 1 and 2 of the attached Participant Application Agreement.

Signature(s) and Date(s) Required

X

Signature: Participant

Today's Date (mm/dd/yyyy)



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