

NABERS GROUP

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

Use this guide to assist in filling out an application with Schwab to open a brokerage account within your Solo 401k.

NOTE: Schwab documents are subject to change at any time. Please visit 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.



Important Instructions for Completing This Form

Schwab.com | 1-800-435-4000 (inside the U.S.) | +1-415-667-8400 (outside the U.S.) | 1-888-686-6916 (multilingual services)

- Please complete this form, sign it, and return it to Schwab. You can either complete it online or print a copy and fill it out by hand.
- If you are opening a new account, be sure to enclose any accompanying materials (e.g., new account documents or a check for an initial deposit) when you return the form.
- If you have any questions, call us at 1-800-435-4000.

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

It is recommended you go to the Schwab website so you can agree to their terms and conditions before proceeding.

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Download the Schwab CRA Application at:

https://www.schwab.com/public/schwab/investing/accounts_products/accounts/small_business_



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- If you are opening a new account, be sure to enclose any accompanying materials (e.g., new account documents or a check for an initial deposit) when you return the form.
- If you have any questions, call us at 1-800-435-4000.

Return Instructions

Return the signed, completed form to your nearest Schwab branch (visit [schwab.com/branch](https://www.schwab.com/branch) for locations) or mail it to any of the following addresses:

Regular Mail

Charles Schwab & Co., Inc.
Attn: IS Document Control
P.O. Box 982600
El Paso, TX 79998-2600

Overnight Mail

Charles Schwab & Co., Inc.
Attn: IS Document Control
1945 Northwestern Drive
El Paso, TX 79912

Regular Mail

Charles Schwab & Co., Inc.
Attn: IS Document Control
P.O. Box 628291
Orlando, FL 32862-8291

Overnight Mail

Charles Schwab & Co., Inc.
Attn: IS Document Control
1958 Summit Park Dr., Ste. 200
Orlando, FL 32810

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

You can download your adoption agreement at <https://docs.solo401k.com> under "401k Documents". Your adoption agreement is a PDF within the '401k Plan & Trust' download.

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Begin by inputting your business and 401k plan information

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

Company Name John Doe LLC		Employer Tax ID Number or Social Security Number (if sole proprietor) 11-1234567	
Company Structure <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input checked="" type="checkbox"/> Other (Specify): LLC		State of Incorporation CO	Country of Legal Establishment <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____
Company Street Address (no P.O. boxes) 123 Sesame St		City Denver	State Zip Code CO 80202
Company Mailing Address (if different from above; P.O. boxes may be used)		City	State Zip Code
Telephone Number (877) 765-6401			

2. Plan Details

Plan Name John Doe LLC 401k Plan		Plan Tax ID Number 12-1231234	
Type of Plan <input type="checkbox"/> Profit-Sharing <input type="checkbox"/> Money Purchase <input type="checkbox"/> 401(k) <input type="checkbox"/> Defined Benefit <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> 457(f) <input checked="" type="checkbox"/> Individual 401(k) <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Other (Specify): _____			
Date Plan Established (required) 01/01/2018		Approximate Plan Assets 200,000	Number of Participants 1
Does your Plan document allow covered options trading? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "yes," complete the enclosed Options Application.)			
Does the Plan allow participants to direct investments into their own accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Does the Plan allow for segregated accounts/FBO? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If segregated accounts are allowed, does the Plan allow the Participant to trade directly with Schwab? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Note: A participant application is required for each plan participant if you are establishing separate accounts.			

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

Plan Name: Input your trust name as listed on page 4 of 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 on page 4 of your Adoption Agreement.

Type of Plan: Check 'Individual 401(k)'.
 Individual 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.

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If you are establishing separate accounts...: Check 'yes'. If you and your spouse both participate in the Solo 401k plan, you will each have participant accounts under the Master Company Retirement Account

Enter information for the trustee(s)

3. 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 www.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 3 and provide it to the agent of the Entity listed on the Supplemental Trust Account Application.

Trustee

Name (First) (Middle) (Last)		
John Doe		
Home/Legal Street Address (no P.O. boxes)		
123 Main Street		
City	State	Zip Code
Denver	CO	80202
Mailing Address (if different from above; P.O. boxes may be used)		
Same		
Home Telephone Number	Business Telephone Number	Cellular Telephone Number
(303) 952-5066	(877) 903-2220	(303) 952-5066

Co-Trustee*

Name (First) (Middle) (Last)		
Home/Legal Street Address (no P.O. boxes)		
City	State	Zip Code
Mailing Address (if different from above; P.O. boxes may be used)		
Home Telephone Number	Business Telephone Number	Cellular Telephone Number

Social Security	Date of Birth (mm/dd/yyyy)	Mother's Maiden Name
123456789	01/01/1965	Smith
Identification Type (Complete only if not a U.S. citizen.)		Identification Number
<input type="checkbox"/> Passport <input checked="" type="checkbox"/> U.S. Driver's License <input type="checkbox"/> U.S. Gov't-issued ID		CO-123123123
Place of Issuance		Expiration Date
Colorado		01/01/2020
Country(ies) of Citizenship (Must list all.)		Country of Legal Residence
<input checked="" type="checkbox"/> USA <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> USA <input type="checkbox"/> Other:

Social Security	Date of Birth (mm/dd/yyyy)	Mother's Maiden Name
Identification Type (Complete only if not a U.S. citizen.)		Identification Number
<input type="checkbox"/> Passport <input type="checkbox"/> U.S. Driver's License <input type="checkbox"/> U.S. Gov't-issued ID		
Place of Issuance		Expiration Date
Country(ies) of Citizenship (Must list all.)		Country of Legal Residence
<input type="checkbox"/> USA <input type="checkbox"/> Other:		<input type="checkbox"/> USA <input type="checkbox"/> Other:

Input your information as 401k plan trustee (name, social security number, address, birthdate, etc). If your spouse is a co-trustee (not simply a participant), enter your spouse's information as well

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Enter your employment information.

Employment Status (Select only one.) <input type="checkbox"/> Employed <input checked="" type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed		
Employer Name/Business Name John Doe Construction, LLC		
Occupation (If you selected "Employed" or "Self-Employed," select one option that best describes your occupation.) <input checked="" type="checkbox"/> Business Owner/Self-Employed <input type="checkbox"/> Foreign Government Employee (Non-U.S.) <input type="checkbox"/> Executive/Senior Management <input type="checkbox"/> Military <input type="checkbox"/> Medical Professional <input type="checkbox"/> Educator <input type="checkbox"/> Legal Professional <input type="checkbox"/> Clerical/Administrative Services <input type="checkbox"/> Accounting Professional <input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production) <input type="checkbox"/> Financial Services/Banking Professional <input type="checkbox"/> Sales/Marketing <input type="checkbox"/> Information Technology Professional <input type="checkbox"/> Consultant <input type="checkbox"/> Other Professional <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> U.S. Government Employee (Federal/State/Local)		
Business Street Address 600 17th Street, Suite 2800	City Denver	State Zip Code CO 80202
Business Email Address* (required to access the account through the web) www.johndoeconstruction.com		
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer approving the establishment of your account when submitting this application.)		
Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name and trading symbol _____.)		
Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Number of Dependents 2	
Investment Experience: <input type="checkbox"/> None <input type="checkbox"/> Limited <input checked="" type="checkbox"/> Good <input type="checkbox"/> Extensive	Annual Income: <input type="checkbox"/> Under \$15,000 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input checked="" type="checkbox"/> \$100,000 or more	Liquid Net Worth: <input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$249,999 <input checked="" type="checkbox"/> \$250,000 or more Specify: _____

Employment Status (Select only one.) <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed		
Employer Name/Business Name		
Occupation (If you selected "Employed" or "Self-Employed," select one option that best describes your occupation.) <input type="checkbox"/> Business Owner/Self-Employed <input type="checkbox"/> Foreign Government Employee (Non-U.S.) <input type="checkbox"/> Executive/Senior Management <input type="checkbox"/> Military <input type="checkbox"/> Medical Professional <input type="checkbox"/> Educator <input type="checkbox"/> Legal Professional <input type="checkbox"/> Clerical/Administrative Services <input type="checkbox"/> Accounting Professional <input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production) <input type="checkbox"/> Financial Services/Banking Professional <input type="checkbox"/> Sales/Marketing <input type="checkbox"/> Information Technology Professional <input type="checkbox"/> Consultant <input type="checkbox"/> Other Professional <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> U.S. Government Employee (Federal/State/Local)		
Business Street Address	City	State Zip Code
Business Email Address* (required to access the account through the web)		
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer approving the establishment of your account when submitting this application.)		
Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name and trading symbol _____.)		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Number of Dependents	
Investment Experience: <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Extensive	Annual Income: <input type="checkbox"/> Under \$15,000 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000 or more	Liquid Net Worth: <input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$249,999 <input type="checkbox"/> \$250,000 or more Specify: _____

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 Adopting Employer listed on page 2 of your Adoption Agreement above "(the "Employer")". Otherwise, enter the name of your employer.

Business Street Address: This is your employer's 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. Trustees are listed on page 4 of your Adoption Agreement.

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4. Overall Investment Objective of Account

Capital Preservation Income Growth Speculation

5. 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.

You understand and agree that Schwab may (1) make changes to the terms and conditions of the Cash Features Program; (2) make changes to the terms and conditions of any Cash Feature; (3) change, add, or discontinue any Cash Feature; (4) change the Plan's and/or any Participant's investment from one Cash Feature to another if the Plan and/or any Participant, as applicable, becomes ineligible for the current Cash Feature or the current Cash Feature is discontinued; and (5) make any other changes to the Cash Features Program or Cash Feature as allowed by law. Schwab will notify you in writing of changes to the terms of the Cash Features, changes to the Cash Features we make available, or changes to the Cash Features Program prior to the effective date of the proposed change.

Please note: Participants in 403(b) retirement plans will be placed in the Schwab Government Money Fund™ (SWGXX). If this is a 403(b) plan, you instruct and direct Schwab to include this fund.

Pages 3 and 4 should be filled out according to your preferences.

Notate if you would like checks and mark the estimated number of monthly transactions

7. 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.)

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.

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Sign and date as trustee

FDIC, (U) are not deposits or other obligations of

As an authorized signer for the Plan, I 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).

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 Plan is exempt from Foreign Account Tax Compliance Act (FATCA) reporting. I understand that if I have been notified by the IRS that the Plan 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.

The Agreement with Schwab includes a predispute arbitration clause. You acknowledge receipt of the predispute arbitration clause contained on page 3 of the Company Retirement Account Application Agreement.

Signature(s) and Date(s) Required

X Trustee Signature	Print Name	Date
X Co-Trustee Signature	Print Name	Date
X Co-Trustee Signature	Print Name	Date
X Co-Trustee Signature	Print Name	Date

Please sign, print and date in blue or black ink only. Your signature above will also serve as a signature card for your account checks if you have marked the checkwriting feature in Section 7.

Pages 6 and 7 can be left blank as the Solo 401k plan does not have a third party administrator

Third-Party Administrator Information

Page 6 of 7

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

Organization Information

Name of Organization N/A	Organization Telephone Number	Tax ID Number
Organization Street Address (no P.O. boxes)	Country of Legal Establishment <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
City State Zip Code	State of Incorporation	
Mailing Address (if different from above; P.O. boxes may be used)		
Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)		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 www.schwab.com/privacy.

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

A. Duplicate statement and confirms. (All Trustees listed in Section 3 must initial.)

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

If you're transferring funds from an existing Schwab IRA/401k into your new Schwab account, please complete the transfer form referenced in the Knowledge Base article

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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. Download the Participant Application at <https://www.schwab.com/public/file/P-233557/APP13551-19-ST.pdf>



Important Instructions for Completing This Form

Schwab.com | 1-800-435-4000 (inside the U.S.) | +1-415-667-8400 (outside the U.S.) | 1-888-686-6916 (multilingual services)

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- If you are opening a new account, be sure to enclose any accompanying materials (e.g., new account documents or a check for an initial deposit) when you return the form.
- If you have any questions, call us at 1-800-435-4000.

Return Instructions

Return the signed, completed form to your nearest Schwab branch (visit schwab.com/branch for locations) or mail it to any of the following addresses:

Regular Mail

Charles Schwab & Co., Inc.
Attn: IS Document Control
P.O. Box 982600
El Paso, TX 79998-2600

Overnight Mail

Charles Schwab & Co., Inc.
Attn: IS Document Control
1945 Northwestern Drive
El Paso, TX 79912

Regular Mail

Charles Schwab & Co., Inc.
Attn: IS Document Control
P.O. Box 628291
Orlando, FL 32862-8291

Overnight Mail

Charles Schwab & Co., Inc.
Attn: IS Document Control
1958 Summit Park Dr., Ste. 200
Orlando, FL 32810

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Enter the information for the participant in Section 1

CLEAR

PRINT



Company Retirement Account Participant Application

Page 1 of 3

www.schwab.com | 1-800-435-4000 (inside the U.S.) | +1-415-667-8400 (outside the U.S.) | 1-888-686-6916 (multilingual services)

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: 8 3 — 9 9 9 9 9 9
- Provide Plan Master Account Number: 4 4 4 4 — 4 4 4 3
- 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 in Company Retirement Accounts.

1. Participant Information (To 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 www.schwab.com/privacy. As required by federal law, Schwab will use the information provided below to verify your identity.

Name (First) Jane		(Middle) Anne	(Last) Doe	
Home/Legal Street Address (no P.O. boxes) 123 Main Street		City Denver	State CO	Zip Code 80202
Mailing Address (if different from above; P.O. boxes may be used) Same		City	State	Zip Code
Home Telephone Number (303) 952-5066	Business Telephone Number (877) 903-2220	Cellular Telephone Number (303) 952-5066	Email Address* (Required to access your account through the web.) jane@johndoeconstruction.com	
Social Security/Tax ID Number 987654321	Date of Birth (mm/dd/yyyy) 12/12/1968	Mother's Maiden Name McCoy	Are you known by any other name? Specify: No	
Identification Type <input type="checkbox"/> Passport <input checked="" type="checkbox"/> U.S. Driver's License <input type="checkbox"/> U.S. Gov't-Issued ID		Identification Number CO-321321321	State or Country of Issuance Colorado	Expiration Date (mm/dd/yyyy) 12/12/2020
Country(ies) of Citizenship (Must list all.) <input checked="" type="checkbox"/> USA <input type="checkbox"/> other: _____		Country of Legal Residence <input checked="" type="checkbox"/> USA <input type="checkbox"/> other: _____		

The trust tax ID number is the EIN for your Trust. The Master Account number is assigned by Schwab. If you're sending in the participant application along with your Master Account application, you can leave this blank.

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Securities industry regulations require that we collect the following information:

Employment Status (Select only one.) <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed		Employer Name/Business Name John Doe Construction, LLC	
Occupation (If you selected "Employed" or "Self-Employed," select one option that best describes your occupation.)			
<input checked="" type="checkbox"/> Business Owner/Self-Employed	<input type="checkbox"/> Financial Services/Banking Professional	<input type="checkbox"/> Military	<input type="checkbox"/> Consultant
<input type="checkbox"/> Executive/Senior Management	<input type="checkbox"/> Information Technology Professional	<input type="checkbox"/> Educator	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Other Professional	<input type="checkbox"/> Clerical/Administrative Services	
<input type="checkbox"/> Legal Professional	<input type="checkbox"/> U.S. Government Employee (Federal/State/Local)	<input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)	
<input type="checkbox"/> Accounting Professional	<input type="checkbox"/> Foreign Government Employee (Non-U.S.)	<input type="checkbox"/> Sales/Marketing	
Business Street Address 600 17th Street, Suite 2800		City Denver	State CO
Zip Code 80202			
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer approving the establishment of your account when submitting this application.)			
Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)			
Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Number of Dependents 2	

*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.

Complete participant investor information on page 2 of the application

1. Participant Information (Continued)

Investment Experience:	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Extensive		
Annual Income:	<input type="checkbox"/> Under \$15,000	<input type="checkbox"/> \$15,000-\$24,999	<input type="checkbox"/> \$25,000-\$49,999	<input checked="" type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000 or More	
Liquid Net Worth:	<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> \$25,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000-\$249,999	<input checked="" type="checkbox"/> \$250,000 or More	<input type="checkbox"/> Specify: _____

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

Capital Preservation Income Growth Speculation

3. Your Participation and Consent to Enroll in Schwab's Cash Features Program

The Cash Features Program is a service that offers certain cash features (each a "Cash Feature") to permit uninvested cash (the "Free Credit Balance") in your Participant brokerage accounts under the Plan to earn income while you decide how those funds should be invested longer term.

All uninvested funds held within your Account will be automatically invested (swept) into the Cash Feature selected by your Plan Sponsor or Trustee. If you have questions about your Plan's Cash Feature selection, please contact your Plan Sponsor or Trustee.

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 understand that your Plan Sponsor has instructed and directed Schwab to include the Free Credit Balance under the Plan in the Cash Features Program, as described in the Cash Features Disclosure Statement, and that by your use of the Account you are consenting to the terms related to the Cash Feature selected on behalf of the Plan.

You understand and agree that Schwab may (1) make changes to the terms and conditions of the Cash Features Program; (2) make changes to the terms and conditions of any Cash Feature; (3) change, add, or discontinue any Cash Feature; (4) change the Plan's and/or any Participant's investment from one Cash Feature to another if the Plan and/or any Participant, as applicable, becomes ineligible for the current Cash Feature or the current Cash Feature is discontinued; and (5) make any other changes to the Cash Features Program or Cash Feature as allowed by law. Schwab will notify you in writing of changes to the terms of the Cash Features, changes to the Cash Features we make available, or changes to the Cash Features Program prior to the effective date of the proposed change.

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Sign and date as participant on page 3 of the application

Page 3 of 3

4. Authorization to Open Account

By signing this Application, you acknowledge that 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 retirement plan and the Trustee(s) or Plan 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—such as certificates of deposit offered on Schwab CD OneSource® and deposit products offered by Charles Schwab Bank—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 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. I understand that if I have been notified by the IRS that I am 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.

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

Signature and Date Required

X

Participant Signature

Print Name

Date (mm/dd/yyyy)

NABERS GROUP

Add a trusted contact person to your account, such as a spouse. This is optional



Add a Trusted Contact Person

Page 1 of 2

Schwab.com
1-800-435-4000
(inside the U.S.)
+1-415-667-8400
(outside the U.S.)
1-888-686-6916
(multilingual services)
We're here to help.

- Use this form to add up to two Trusted Contacts for your Schwab accounts. You may also update your Trusted Contact information by visiting Schwab.com or calling 1-800-435-4000.
- Adding a Trusted Contact provides Schwab with a resource to contact on your behalf, if necessary. A Trusted Contact is a person whom you are permitting Schwab to contact and disclose information to about your account to address possible financial exploitation; to confirm your contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or as otherwise permitted by applicable rules.

Trusted Contact Designation

- Naming a Trusted Contact is optional.
- The Trusted Contact(s) must be at least 18 years old.
- The Trusted Contact(s) will not be able to view your account information, execute transactions, or inquire about account activity.
- Schwab suggests that your Trusted Contact(s) not be someone who is already authorized to transact business on your account(s) or already able to receive information about your Schwab account(s)—e.g., financial consultant, investment advisor, or by virtue of Power of Attorney or View Only authority.
- You do not need to designate a separate Trusted Contact for each Schwab account. A single designation covers all Schwab accounts over which you are the account holder or joint account holder, trustee, or agent.
- For accounts with multiple account holders, trustees, or agents, please fill out a separate Trusted Contact form for each account holder, trustee, or agent.
- Only you as the account holder have the ability to add, update, or remove a Trusted Contact(s) for your account(s).

1

Account Holder Information

The Trusted Contact designation(s) only applies to the Account Holder/Trustee/Agent named below.

123-45-6789

Social Security Number

John

Doe

Name Title, First

Middle Name

Last, Suffix

2

Trusted Contact Person(s)

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

Person 1

Jane

Doe

Name Title, First

Middle Name

Last, Suffix

Relationship

Please select only one.

Spouse Partner Child Parent Sibling Friend Other

123 Main Street

Denver

Home/Legal Street Address No P.O. Boxes

City

USA

CO

80202

Country

State or Province

Postal or Zip Code

(303) 952-5066

(303) 952-5066

jane@johndoeconstruction.com

Home Phone Number

Mobile Phone Number

Email Address

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.