

Duplicate Mailing Request Form

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

IA Firm Name (Please print.)

IA Master Account Number

Service Team

IA Contact Name (if follow-up is required)

IA Telephone Number

IA Email Address

Use this form to request duplicate statements and/or trade confirmations for your accounts to be sent to another individual ("interested party").

1. Account Information

Account Holder(s) Name(s)

I authorize Charles Schwab & Co., Inc. to produce duplicate statements and/or trade confirmations for the following account(s):

Account Number

Account Registration

Account Number

Account Registration

Account Number

Account Registration

Account Number

Account Registration

2. Interested Party Instructions

Please provide duplicate instructions and delivery information for all interested parties. Duplicate statements and/or trade confirmations for accounts listed in Section 1 will be delivered to these interested parties.

A. Interested Party 1

Name First

Middle

Last

Company (if any)

Mailing Address

City

State

Zip Code

- ☐ Send a copy of my statement only.
- ☐ Send a copy of my trade confirmations only.
- ☐ Send copies of both my statements and trade confirmations.

B. Interested Party 2

Name <i>First</i>	Middle	Last	Company <i>(if any)</i>
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Mailing Address	City	State	Zip Code
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- ☐ Send a copy of my statement only.
- ☐ Send a copy of my trade confirmations only.
- ☐ Send copies of both my statements and trade confirmations.

C. Interested Party 3

Name <i>First</i>	Middle	Last	Company <i>(if any)</i>
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Mailing Address	City	State	Zip Code
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- ☐ Send a copy of my statement only.
- ☐ Send a copy of my trade confirmations only.
- ☐ Send copies of both my statements and trade confirmations.

3. Authorized Signature(s)

At least one Schwab Account Holder for each account number listed on the previous page or an Authorized Agent of the Investment Advisor must sign below.

If there are multiple Account Holders and not all of them are signing this form, each Account Holder signing this form represents that all Account Holders have consented to disclosure of their account information to each interested party designated on this form.

X		
Signature: Account Holder/Trustee/Authorized Agent	Print Name	Today's Date (mm/dd/yyyy)

X		
Signature: Account Holder/Trustee/Authorized Agent	Print Name	Today's Date (mm/dd/yyyy)

X		
Signature: Account Holder/Trustee/Authorized Agent	Print Name	Today's Date (mm/dd/yyyy)

X		
Signature: Account Holder/Trustee/Authorized Agent	Print Name	Today's Date (mm/dd/yyyy)