charles SCHWAB Duplicate Mailing Request Form

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	d/or trade confirmations for your accounts	to be sent to another individual ("interested party").
1. Account Information		
Account Holder(s) Name(s)	duplicate statements and/or trade confirm	nations for the following account(s):
Account Holder (s) Name (s) I authorize Charles Schwab & Co., Inc. to produce	duplicate statements and/or trade confirm	-
1. Account Information Account Holder(s) Name(s) I authorize Charles Schwab & Co., Inc. to produce Account Number Account Number	·	tion
Account Holder(s) Name(s) I authorize Charles Schwab & Co., Inc. to produce Account Number	Account Registra	tion

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 o	only.					
Send a copy of my trade confir	mations only.					
Send copies of both my statem	ents and trade confirma	ations.				

Page 1 of 2

Today's Date (mm/dd/yyyy)

Today's Date (mm/dd/yyyy)

Today's Date (mm/dd/yyyy)

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 Mailing Address Mailing Address City State Zip C Send a copy of my trade confirmations only. Send a copy of my statement only. Send a copy of my statement only. Send a copy of my statement only. Send a copy of my trade confirmations only. Send a copy of my statement only. Send a copy of my trade confirmations only. Send a copy of my trade confirmations only. Send a copy of 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	B. Interested Party 2					
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	Signature: Account Holder/	Trustee/Authorized Age	ent	Print Na	ame To	day's Date (mm/dd/yyyy)

Print Name

Print Name

Signature:	Account	Holder/	Trustee/	Authorized	Agent

X	

Signature: Account Holder/Trustee/Authorized Agent
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X Sign

Signature: Account Holder/Trustee/Authorized Agent	Print Name