

## Third-Party Release Form

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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)

Clients of independent investment advisors, contact your advisor directly or Schwab Alliance at 1-800-515-2157.

This form is to be used to relinquish ownership and deposit a certificate(s) into a Schwab brokerage account.

(Note: Trust-registered certificates, restricted shares, and penny stocks cannot be deposited into a third-party account.)

Investment Advisor ("IA") Information (This portion	on 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
Schwab Account Holder     Complete this section after the registered owner(s)/agent(s) has	s completed Section 2 below.	
Schwab Account Number Account Registration		
2. Registered Owner(s)/Agent(s)  Each registered owner/agent of the certificate(s) must complete  Step 1: Complete either A or B depending on the ownership incomplete.	dicated on the certificate regis	stration.
A. Non-Entity-Registered Owners (Individual, Joint Tenants, To	enants in Common, etc.)	
	request that you deposit	of
(Registered Name on the Certificate[s])	(Num	ber of Shares/Face Value)
	the account referenced above.	
(Name of Company/Issuer)		
B. Entity-Registered Owners (LLC/LLP, Corporation, Estate, etc.	· · · -	
<del></del>	ent and warrant that I am auth request that you deposit	orized to sign this Third-Party Release Form on behalf of of
(Entity Name Registered on the Certificate[s])	· · · · —	mber of Shares/Face Value)
	the account referenced above.	·
(Name of Company/Issuer)		
Step 2: Complete all questions (required for processing).		
Are you a director, 10% shareholder, or policy-making officer	of this company?   No	Yes
What is your relationship with the Schwab account holder(s)	?	
Why are you relinquishing ownership of this certificate?		

Date of Birth (mm/dd/yyyy) H	lome/Legal Address	
City	State or Province	Country Zip Code
	I notarization. <b>(Required.)</b> Signature must correspond with the ovalteration. A separate notarized form is required for each register	• • • • • • • • • • • • • • • • • • • •
×		
Signature: Certificate Owner or Ag	ent	Today's Date (mm/dd/yyyy
Print Name		
	public or other officer completing this certificate verifies only the is attached, and not the truthfulness, accuracy, or validity of tha	
document to which this certificate	is attached, and not the truthfulness, accuracy, or validity of tha	
Certificate of Acknowledgment o  State of the above-named individual(s) pe name(s) is/are subscribed to the vacapacity(ies), and that by his/her/	is attached, and not the truthfulness, accuracy, or validity of tha	on (mm/dd/yyyy)  atisfactory evidence to be the person(s) whose cuted the same in his/her/their authorized upon behalf of which the person(s) acted,
Certificate of Acknowledgment o  State of the above-named individual(s) pe name(s) is/are subscribed to the vacapacity(ies), and that by his/her/	is attached, and not the truthfulness, accuracy, or validity of that if Notary Public*  in the County of ersonally appeared before me and proved to me on the basis of swithin instrument and acknowledged to me that he/she/they exect/their signature(s) on the instrument, the person(s), or the entity of the instrument in the person(s), or the entity of the instrument in the person(s).	on (mm/dd/yyyy)  atisfactory evidence to be the person(s) whose cuted the same in his/her/their authorized upon behalf of which the person(s) acted,
Certificate of Acknowledgment of State of the above-named individual(s) pename(s) is/are subscribed to the capacity(ies), and that by his/her/executed the instrument. I certify	is attached, and not the truthfulness, accuracy, or validity of that if Notary Public*  in the County of ersonally appeared before me and proved to me on the basis of swithin instrument and acknowledged to me that he/she/they exect/their signature(s) on the instrument, the person(s), or the entity of the instrument in the person(s), or the entity of the instrument in the person(s).	on (mm/dd/yyyy)  atisfactory evidence to be the person(s) whose cuted the same in his/her/their authorized upon behalf of which the person(s) acted, le and correct.  (NOTARY SEAL)
Certificate of Acknowledgment o  State of the above-named individual(s) pename(s) is/are subscribed to the capacity(ies), and that by his/her/executed the instrument. I certify	in the County of in the Dasis of Swithin instrument and acknowledged to me that he/she/they exercited responsible to the Penaltry OF Personally that the foregoing paragraph is true.	on (mm/dd/yyyy)  atisfactory evidence to be the person(s) whose cuted the same in his/her/their authorized upon behalf of which the person(s) acted, le and correct.  (NOTARY SEAL)