



Check and Journal 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 Information (if follow-up is required): _____

Use this form to implement new check and/or journal instructions.

This form is appropriate for journal transfers between identically registered CRA or IRA account combinations. This form cannot be used for distributions from Custodial, 529 Plan, Education Savings, IRA (excluding IRA combinations), 403(b)(7), Individual 401(k), or Qualified Retirement Plan (QRP) accounts.

Important Note: If the check/journal distribution amount exceeds the available cash and the account includes a margin feature, a margin debit will be created or increased as a result of the check/journal request.

Contact your Investment Advisor or call Schwab Alliance at 1-800-515-2157 to:

- modify or terminate existing instructions,
- request additional distribution forms, and/or
- provide liquidating instructions for any securities in your account prior to distribution.

1. Schwab Account Information

Schwab account number: _____

Name(s) on Schwab Account (List all names on the account.) _____

2. Standing Instructions (Optional—IA firm must be named above. All account holders must initial below.)

By initialing below, you are authorizing Schwab to act upon instructions from you, any individual granted Full Power of Attorney (“FPOA”), or your IA to transfer cash from your Schwab account to the accounts that you designate on the following pages.

Account Holder/
Trustee

Add'l Account Holder/
Co-Trustee

Add'l Account Holder/
Co-Trustee

I authorize Schwab to accept instructions from my direction, any individual granted FPOA on this account, or my IA to transfer cash from the account designated in Section 1. IA's authority does not include requesting disbursements to other payee(s), Schwab accounts or other financial institution accounts not identified below. I hereby acknowledge that this authority is effective regardless of any differences in payee(s) or registration between these two accounts. I agree to indemnify and hold harmless Schwab, its affiliates, and their directors, officers, employees, and agents from and against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of or relating to: (1) their reliance on these Standing Instructions and (2) Schwab's execution of my IA's instructions.



3. Check Instructions (Choose one.)

- A. Mail a check by USPS (standard delivery).
 Send a check by overnight delivery. (Fees apply. Contact your IA for details.)

Payee Name

- To the name(s) listed on my Schwab account.
 Made payable to the following third party:

 Payee Name
Address Options

- To the address listed on my Schwab account.
 To the following address, which is different from the one listed on my Schwab account:

 Deliver to (if different than Payee):

 Street Address

 City

 State

 Zip

 Memo (optional: 24-character limit—applies to overnight delivery)
B. One-Time Distribution

- Cash amount: \$ _____
 Total distribution (Distribute entire cash balance.)

C. Periodic Distribution (on schedule)

- Fixed Amount

Beginning _____, and continuing until I instruct otherwise, distribute \$ _____ from my cash balance.
(mm/dd/yyyy)

Frequency (Select one.): Weekly Semi-monthly 1st date: _____ 2nd date: _____

Monthly Last business day of each month Every two months Quarterly

Semi-annually 1st date: _____ Annually

- Income Payment

Beginning _____, and continuing until I instruct otherwise, distribute the income specified below on the last business day of the month. Choose "All Income Plan" in Option (1) or up to three income payment options from Option (2).
(mm/dd/yyyy)

(1) All Income Plan (includes dividends, interest, and money market; will be consolidated into a single payment)

(2) Flexible Income Plan

Dividends (includes capital gains distributions; will be consolidated into a single payment)

Interest (includes fixed income and CDs; will be consolidated into a single payment)

Money market income (includes Schwab One® Interest and Schwab Bank Interest; will be consolidated into a single payment)

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 CC1689502 (0518-8NAY) APP12242-17 (04/18)



4. Journal Instructions

A. Journal to Schwab Account(s). (Choose one.)

- IRA contribution for tax year _____. (For this selection, the cash option in Section 4B must be selected.)
(yyyy)
- i401(k) Contribution: Elective Deferral Contribution* OR Employer Contribution*

*Since an Individual 401(k) plan is a type of employer-sponsored QRP, funding must come from an account designated for business purposes. Contact Schwab for allowable registrations for funding accounts.

B. One-Time (on request) (Choose one.)

- Distribute cash amount(s) from my cash balance, as specified in the table below.
- Journal securities, as specified in the table below. **Shares will be journaled based on the current cost basis method on the account.** If cost basis is different than the method on the account, please complete and submit the Cost Basis Lot Specification Form or spreadsheet.

| Receiving Account Number† | Receiving Account Registration† | Cash Amount, Share Quantity, or ALL† | Security Name | Symbol/CUSIP | Indicate (With an "X") If This Is a Gift§ |
|---------------------------|---------------------------------|--------------------------------------|---------------|--------------|---|
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| | | | | | |
| | | | | | |

Total Distribution

Please distribute entire account assets in kind to Schwab account number: _____

Name(s) on Schwab Account (List all names on the account.)

† Receiving Account Number and Account Registration may be entered once if all assets are being journaled to one account.

† Specific share quantity or "ALL" must be used for share journals.

§ Indication of gift does not constitute tax lot instructions.

C. Periodic (on schedule)

Please distribute cash to Schwab account number: _____

Fixed Amount

Beginning _____, and continuing until I instruct otherwise, distribute \$ _____ from my cash balance.
(mm/dd/yyyy)

Frequency (Select one.): Weekly Semi-monthly 1st date: _____ 2nd date: _____
 Monthly Last business day of each month Every two months Quarterly
 Semi-annually 1st date: _____ Annually

Income Payment

Beginning _____, and continuing until I instruct otherwise, distribute the income specified below on the last business day of the month. Choose "All Income Plan" in Option (1) or up to three income payment options from Option (2).
(mm/dd/yyyy)

(1) All Income Plan (includes dividends, interest, and money market; will be consolidated into a single payment)

(2) **Flexible Income Plan**

- Dividends (includes capital gains distributions; will be consolidated into a single payment)
- Interest (includes fixed income and CDs; will be consolidated into a single payment)
- Money market income (includes Schwab One® Interest and Schwab Bank Interest; will be consolidated into a single payment)



5. Close My Account (Optional)

Please close my account.

Investment Advisor Information Access (only applicable if you are requesting to close the account)

Complete this section if you want your IA to have access to information about your account after you close it.

After delinking or closing the account listed in Section 1, I authorize the IA to receive the information specified below, at the IA's request (select one or more):

Tax reporting information produced for my account while my account was under the IA's management through the end of the calendar year

_____ (yyyy)

Account statements, beginning with the month that the IA began to manage my account, through the end of the calendar month

_____ (mm/yyyy)

Trade confirmations, beginning with the date the IA began to manage my account, through _____ (mm/dd/yyyy)

6. Please Read and Sign (Signatures and dates required.)

By signing below, I acknowledge that Schwab will not process my distribution request if there are not sufficient available funds in the account. I understand that Schwab reserves the right to terminate automatic transfers, at its election, for any reason. I certify that the information provided on this form is correct, and Schwab may rely on my certification without further investigation or inquiry.

ALL account holders must sign and date if IA Information Access is being requested in Section 5 or if you are setting up Standing Instructions for your IA in Section 2.

▶ _____ Signature: Account Holder/Trustee/Executor _____ Print Name _____ Date _____ (mm/dd/yyyy)

▶ _____ Signature: Additional Account Holder/Co-Trustee/Co-Executor _____ Print Name _____ Date _____ (mm/dd/yyyy)

▶ _____ Signature: Additional Account Holder/Co-Trustee/Co-Executor _____ Print Name _____ Date _____ (mm/dd/yyyy)

▶ _____ Signature: Investment Advisor (if applicable and so authorized) _____ Print Name _____ Date _____ (mm/dd/yyyy)

