



# Standing Instructions for Checks and Journals

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

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**IA Firm Name** *(Please print.)*

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**IA Master Account Number** **Service Team**

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**IA Contact Name** *(if follow-up is required)* **IA Telephone Number** **IA Email Address**

**Use This Form To:**

- Establish Standing Instructions for Checks and Journals for your Schwab account.

This form authorizes 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.

For wire transfers, please complete the Wire Transfer form, which you can obtain from your IA or by calling Schwab Alliance at 1-800-515-2157.

If you would like to initiate these Standing Instructions yourself and not delegate authority to your IA, please contact Schwab Alliance at 1-800-515-2157.

Account holders with Conservatorship and Guardianship accounts are not eligible to set up standing authorizations for their IAs. In addition, Standing Instructions on this form do not apply to Schwab Bank High Yield Investor Checking® accounts.

For the types of distributions shown in the following chart, do not use this form. Instead, use the form indicated in the chart.

Type of Distribution	Form
Schwab MoneyLink® distribution, including ongoing payments of dividends, interest and money market income	Schwab MoneyLink Electronic Funds Transfer Form
Custodial account distribution (permitted only for the benefit of a minor)	Custodial Account Distribution Form
IRA or Education Savings Account distribution	IRA Distribution Form or ESA Distribution Form
Distribution from an Individual 401(k), QRP, Keogh, 403(b)(7) or 529 Plan account	Contact your IA for the appropriate form.
Transfer of securities from accounts other than Custodial, Retirement, ESA and 529 Plan accounts	Check and Journal Request Form

**1. Schwab Account Information**

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**Schwab Account Number** **Trust/Organization Name**

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**Account Holder/Trustee Name** *First* *Middle* *Last*

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**Additional Account Holder/Co-Trustee Name** *First* *Middle* *Last*

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**Additional Account Holder/Co-Trustee Name** *First* *Middle* *Last*

**2. Standing Instructions for Checks** Mail a check to: (up to five [5] different instructions)

Payee:  Account Holder  Third Party

Address:  Account Holder  Third Party

Payee Name (optional, as it should appear on the check)

Mail to (optional instructions, if different from payee)

Memo (optional, 24-character limit)

Mailing Address

City

Zip or Postal Code

State or Province

Country

Payee:  Account Holder  Third Party

Address:  Account Holder  Third Party

Payee Name (optional, as it should appear on the check)

Mail to (optional instructions, if different from payee)

Memo (optional, 24-character limit)

Mailing Address

City

Zip or Postal Code

State or Province

Country

Payee:  Account Holder  Third Party

Address:  Account Holder  Third Party

Payee Name (optional, as it should appear on the check)

Mail to (optional instructions, if different from payee)

Memo (optional, 24-character limit)

Mailing Address

City

Zip or Postal Code

State or Province

Country

Payee:  Account Holder  Third Party

Address:  Account Holder  Third Party

Payee Name (optional, as it should appear on the check)

Mail to (optional instructions, if different from payee)

Memo (optional, 24-character limit)

Mailing Address

City

Zip or Postal Code

State or Province

Country

Payee:  Account Holder  Third Party

Address:  Account Holder  Third Party

Payee Name (optional, as it should appear on the check)

Mail to (optional instructions, if different from payee)

Memo (optional, 24-character limit)

Mailing Address

City

Zip or Postal Code

State or Province

Country



**4. Please Read and Sign**

I have authorized my IA, and I instruct Schwab to permit my IA or FPOA, to transfer funds from this account as designated in Section 2 and/or 3. Neither the IA's nor the FPOA's authority includes designating or changing the identity of the payee(s), the address, or any other information about the payee(s) identified above. 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, the FPOA's or my IA's instructions.

By signing below, I understand that Schwab reserves the right to terminate automatic transfers, at its election, for any reason, and that Schwab reserves the right, but has no obligation, to confirm my, the FPOA's or my IA's instructions with me prior to acting upon the instructions. I certify that the information provided on this form is correct and that Schwab may rely on my certification without further investigation or inquiry. By signing below, I acknowledge and agree that individually and as the authorized representative(s) of any owner of the account identified in Section 1, I have all requisite authority in conformity with applicable laws, regulations and organizational or Trust agreements to enter into this Standing Instruction and to carry out its obligations in accordance with the terms hereof.

**All Schwab account holders must sign and date. For Schwab Corporate, Partnership or other Organization accounts, only one Authorized Agent must sign and date. Please note that the FPOA cannot sign to establish this Standing Instruction.**

By signing below, I acknowledge my agreement to all of the terms and conditions stated on this form.

**X**  
\_\_\_\_\_  
Account Holder/Trustee Signature Today's Date (mm/dd/yyyy)

\_\_\_\_\_  
Print Name

**X**  
\_\_\_\_\_  
Additional Account Holder/Co-Trustee Signature Today's Date (mm/dd/yyyy)

\_\_\_\_\_  
Print Name

**X**  
\_\_\_\_\_  
Additional Account Holder/Co-Trustee Signature Today's Date (mm/dd/yyyy)

\_\_\_\_\_  
Print Name

**X**  
\_\_\_\_\_  
Additional Account Holder/Co-Trustee Signature Today's Date (mm/dd/yyyy)

\_\_\_\_\_  
Print Name

**X**  
\_\_\_\_\_  
Additional Account Holder/Co-Trustee Signature Today's Date (mm/dd/yyyy)

\_\_\_\_\_  
Print Name