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- Complete, sign, and fax to: 1-877-824-3726, Attention: Outgoing Transfers. Clients of investment advisors: Please return this form to your advisor.
- Use this form to make charitable gift donations by transferring stocks, bonds, and/or mutual funds from your Schwab account to an individual or charitable organization account held at another financial institution.
- For donations to a Schwab Charitable™ account, please use the Contribute to Your Donor-Advised Fund Account form located on the Resources tab at www.schwabcharitable.org.

Schwab Account Number	Account Title/ Registration		
2. Securities to Be Trans	ferred		
For each security listed, indicat	e either Purchase Date and Cos	et Per Share or Alternate Accounting Method.	
Name of Stock/ Bond/ Mutual F	und		
Symbol/ Ticker/ CUSIP		Number of Shares to Be Transferred*	
Purchase Date (Optional)		Cost Per Share (Optional)	
OR			
Alternate Accounting Met	hod (Please indicate: FIFO, UF	O, Low-Cost, or High-Cost)	
Name of Stock/Bond/Mutual F	und		
Symbol/ Ticker/ CUSIP		Number of Shares to Be Transferred*	
		Cost Per Share (Optional)	
Purchase Date (Optional)			

Name of Stock/ Bond/ Mutual Fund				
Symbol/ Ticker/ CUSIP	Number of Shares to Be Transferred*			
Purchase Date (Optional)	Cost Per Share (Optional)			
OR				
Alternate Accounting Method (Please indicate: FIFO, LIFO, Low-Co	st, or High-Cost)			
If a specific lot is not available, we will apply your account's default acco to average cost. Please reference the Cost Basis Disclosure Statement for		ed when the mutual fund is set		
*Only whole shares of equity/stock can be transferred (any fractional sha dollar amount.	res requested will remain in the account). Sha	ares cannot be specified in a		
3. Transfer Instructions				
Charitable Organization or Individual Recipient Information. (If you are transferring mutual funds, contact the receiving institution to obtain delivery instructions.)				
Receiving Institution Account Number Account Title/ Registration				
Contact Name at Charitable Organization or Name of Individual Recipie	nt Teleph	none Number		
ame of Receiving Institution DTC Number (Required)				
Your name will appear as the charitable gift donor unless you check the	e following box:			
I wish for this gift to be anonymous.				
4. Authorization to Transfer				
Please accept this letter as authorization to irrevocably transfer the above individual or charitable organization listed above. Shares will be transfer Schwab and its affiliates from any liability or claims in connection with the harmless against any losses from any action, claim, or demand of any personal statements.	red in kind and are not to be liquidated. I here be aforementioned instructions and agree to in	by release and discharge ndemnify and hold Schwab		
Signature(s) and Date(s) Required				
×				
Signature: Account Holder		Today's Date (mm/dd/yyyy)		
Print Name				
×				
Signature: Additional Account Holder		Today's Date (mm/dd/yyyy)		
Print Name				