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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.

1. Schwab Account Information				
Schwab Account Number	Account Title/Registration			
			_	
2. Securities to Be Transferred				
For each security listed, indicate e	ither Purchase Date and Cost Per Shar	e or Alternate Accounting Method.		
Name of Stock/Bond/Mutual Fund	d			
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-Cost, or High-Cost)				
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-Cost, or High-Cost)				

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-Cos	st, or High-Cost)		
to average cost. Please reference the Cost Basis Disclosure Statement fo	unting method. FIFO (first in, first out) is applied when the mutual fund is se or additional details. res requested will remain in the account). Shares 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 Recipient  Telephone Number			
Name of Receiving Institution DTC Number (Required)			
Your name will appear as the charitable gift donor unless you check the 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 transferre 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 per Signature(s) and Date(s) Required	ed in kind and are not to be liquidated. I hereby release and discharge e aforementioned instructions and agree to indemnify and hold Schwab		
X Signature: Account Holder	Today's Date (mm/dd/yyyy)		
Signature. Account House	ioday s Date (IIIII/Od/yyyy)		
Print Name			
<u>X</u>			
Signature: Additional Account Holder Today's			
Print Name			