

# Update Your Schwab One® Organization Account for Incorporated and Non-Incorporated Organizations

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)

- If you are submitting a handwritten form, please print in ALL CAPITAL LETTERS. Please provide all required information or your request may incur delays.
- Use this form to update information for Authorized Individuals, Control Persons, and/or Beneficial Owners for your Organization.
- **If all existing Authorized Individuals are being revoked and replaced, we will also need a copy of an organizational document (e.g., Corporate Resolution, Board Resolution, or Board Meeting Minutes) as proof of appointment to transact on behalf of the Organization.**
- If the Organization wishes to have the ability to write checks in the account, please complete and submit a Checkwriting and Visa® Debit Card Application for Organization Accounts.

## 1. Account Information

Charles Schwab & Co., Inc. ("Schwab") will use the information you provide to open and service your account(s), communicate with you, and provide information about products and services. Read about Schwab's privacy policy at [www.schwab.com/privacy](http://www.schwab.com/privacy). As required by law, Schwab will use the information provided to verify the identity of your Organization and its Authorized Agents. As provided in the Agreement, Schwab is also authorized to inquire as to the creditworthiness of the Organization or of any person associated with your account(s).

Name of Organization

Account Number

Additional Schwab Account Number

Additional Schwab Account Number

Additional Schwab Account Number

Additional Schwab Account Number

Additional Schwab Account Number

Additional Schwab Account Number

## 2. Required Information About the Organization's Primary Business or Professional Activity

To properly categorize and serve your Organization, we need to know the type of activity in which it is engaged. Please provide the six-digit North American Industry Classification System (NAICS) code that best describes your business (if you don't know your NAICS code, you can look it up at <https://www.census.gov/naics/>).

6-Digit NAICS Code

Country of Incorporation/Establishment

State of Incorporation/Establishment

## 3. Required Information About the Account

Source of Funds in Account (Check all that apply.)

Please provide the source of assets that will be held in the account(s).

- ☐ Salary, wages, savings
 ☐ Working capital
 ☐ Investment capital gains
 ☐ Corporate income
- ☐ Family, relatives, inheritance
 ☐ Sales of property
 ☐ Other (please specify): \_\_\_\_\_

Purpose of Account (Check all that apply.)

- ☐ Business Operating Revenue and Expense Processing
 ☐ Investing of Retirement Funds
 ☐ Investing of College Funds
- ☐ Investing for Estate Planning Purposes
 ☐ Business Payroll Processing
 ☐ Business Funding
- ☐ Investing of Pooled Assets
 ☐ Investing of Business Revenue
 ☐ Business Cash Management and Treasury
- ☐ General Investing
 ☐ Investing for Tax Benefits
- ☐ Other (please specify): \_\_\_\_\_

#### 4. Update Information About Authorized Individuals, Control Persons and ≥10% Beneficial Owners

**Note: Existing roles/individuals on the account, that are not being changed on this form, will be maintained as is.**

Please complete this section for new individuals in any of the following roles:

- Authorized Individual
- Control Person of the Organization
- ≥10% Beneficial Owners

☐ **Check here if no single individual or Legal Entity/Trust owns ≥10% of this Organization. You agree to notify Schwab if or when someone owns ≥10% of the Organization in the future. If checked, complete the following for Authorized Individuals and at least one Control Person (e.g., principals, directors, officers, and managing members).**

Authorized Individuals	<ul style="list-style-type: none"> <li>• Any individual or representative of an owner, partner, member, officer, employee, or agent of the Organization that is authorized by the Organization to:                             <ul style="list-style-type: none"> <li>• Buy and sell securities;</li> <li>• Withdraw and transfer cash and securities;</li> <li>• Sign contracts, waivers, and releases; and</li> <li>• Otherwise conduct business with Schwab on behalf of the Organization.</li> </ul> </li> <li>• Complete Individual 1 below if you are adding an Authorized Individual who will receive all email correspondence from Schwab, and under Role of Individual select Primary Authorized Individual.</li> <li>• Schwab will have no obligation of inquiry with respect to the validity of, or authority with respect to, any transaction or instruction provided by an Authorized Individual.</li> </ul>
Control Persons	<ul style="list-style-type: none"> <li>• An individual with significant responsibility for managing the Organization (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).</li> <li>• Please complete Section 4b for a Legal Entity or Trust that is a Control Person of the Organization.</li> <li>• At least one Control Person is required.</li> </ul>
≥10% Beneficial Owners	<ul style="list-style-type: none"> <li>• Each individual, if any, who owns, directly or indirectly, ≥10% of the equity interests of the Organization (e.g., each natural person that owns ≥10% of the shares of a corporation).</li> <li>• In the instance where a Trust is an equity owner of the Organization, the Trustees are considered Beneficial Owners per industry regulations. Please complete Section 4c with Trust and Trustee information.</li> <li>• Please note that the Beneficial Ownership information provided in this application will be applied to all other similarly registered Organization accounts with the same Taxpayer Identification Number (TIN) maintained at Schwab.</li> </ul>

##### 4a. Add Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners

If there are more than four new individuals who are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners, please make, complete, and attach additional copies of this section.

**Individual 1****Role of Individual on Account** (Select all that apply.)
☐ **Primary Authorized Individual**
☐ **Authorized Individual**
☐ **Control Person**
☐ **≥10% Beneficial Owner**
**Title or Capacity of Individual** (Select all that apply.)
☐ **CEO**
☐ **CFO**
☐ **COO**
☐ **Chairman of the Board**
☐ **Member/Managing Member**  
☐ **President**
☐ **Vice President**
☐ **Treasurer**
☐ **Assistant Treasurer**
☐ **Partner/General Partner**  
☐ **Owner**
☐ **Secretary**
☐ **Assistant Secretary**
☐ **Representative of Member**
☐ **Representative of Partner/General Partner**  
☐ **Manager**
☐ **Representative of Manager**
☐ **Other (specify):** \_\_\_\_\_
**Name First** \_\_\_\_\_**Middle** \_\_\_\_\_**Last** \_\_\_\_\_**Home Street Address** (no P.O. boxes) \_\_\_\_\_**Mailing Address** (if different from home; P.O. boxes may be used) \_\_\_\_\_**City** \_\_\_\_\_**City** \_\_\_\_\_**State or Province** \_\_\_\_\_**Zip or Postal Code** \_\_\_\_\_**State or Province** \_\_\_\_\_**Zip or Postal Code** \_\_\_\_\_**Preferred Telephone Number** (including area code) \_\_\_\_\_**Alternate Telephone Number** (including area code) \_\_\_\_\_
☐ **Home**
☐ **Business**
☐ **Mobile:** \_\_\_\_\_

☐ **Home**
☐ **Business**
☐ **Mobile:** \_\_\_\_\_
**Social Security Number** \_\_\_\_\_**Date of Birth** (mm/dd/yyyy) \_\_\_\_\_**Email Address** \_\_\_\_\_**Country(ies) of Citizenship** (Must list each separated by a comma.) \_\_\_\_\_**Country of Legal Residence** \_\_\_\_\_
☐ **USA**
☐ **Other:** \_\_\_\_\_

☐ **USA**
☐ **Other:** \_\_\_\_\_
**ID Number and Type** (Please select only one box and provide the relevant information below.)
☐ **Passport**
☐ **Driver's License**
☐ **Gov't Issued ID**
**Identification Number** \_\_\_\_\_**Country or State of Issuance** \_\_\_\_\_**Expiration Date** (mm/dd/yyyy) \_\_\_\_\_

Securities industry regulations require that we collect the following information.

**Employment Information** (Please select only one box.)
☐ **Employed**
☐ **Self-Employed**
☐ **Retired**
☐ **Homemaker**
☐ **Student**
☐ **Not Employed**
**Occupation** (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)
☐ **Business Owner/Self-Employed**
☐ **Financial Services/Banking Professional**
☐ **Military**
☐ **Consultant**  
☐ **Executive/Senior Management**
☐ **Information Technology Professional**
☐ **Educator**
☐ **Other (specify):** \_\_\_\_\_  
☐ **Medical Professional**
☐ **Other Professional**
☐ **Sales/Marketing** \_\_\_\_\_  
☐ **Legal Professional**
☐ **Clerical/Administrative Services**
☐ **U.S. Government Employee (Federal/State/Local)**  
☐ **Accounting Professional**
☐ **Foreign Government Employee (Non-U.S.)**
☐ **Trade/Service (Labor/Manufacturing/Production)**
**Employer Name/Business Name** \_\_\_\_\_**Business Street Address** (no P.O. boxes) \_\_\_\_\_**City** \_\_\_\_\_**State or Province** \_\_\_\_\_**Zip or Postal Code** \_\_\_\_\_**Country** \_\_\_\_\_**For Beneficial Owners Only:**

What is your percentage of ownership? \_\_\_\_\_ %

**What is your source of wealth?** (Check all that apply.)
☐ **Salary, wages, savings**
☐ **Family, relatives, inheritance**
☐ **Litigation award**
☐ **Gambling**
☐ **Social Security benefits**  
☐ **Investment capital gains**
☐ **Invention/patent**
☐ **Lottery**
☐ **Gifts**
☐ **Sale of property or business**
**The Next Two Questions Are Required by Industry Regulations:**

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

☐ **No**
☐ **Yes** (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. **List the company name** \_\_\_\_\_ .)

Are you a director, 10% shareholder or policy-making officer of a publicly held company?

☐ **No**
☐ **Yes** (If "Yes," enter company name \_\_\_\_\_ and trading symbol \_\_\_\_\_ .)

**Individual 2****Role of Individual on Account** (Select all that apply.)
☐ **Authorized Individual**
☐ **Control Person**
☐ **≥10% Beneficial Owner**
**Title or Capacity of Individual** (Select all that apply.)

<input type="checkbox"/> <b>CEO</b>	<input type="checkbox"/> <b>CFO</b>	<input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>Chairman of the Board</b>	<input type="checkbox"/> <b>Member/Managing Member</b>
<input type="checkbox"/> <b>President</b>	<input type="checkbox"/> <b>Vice President</b>	<input type="checkbox"/> <b>Treasurer</b>	<input type="checkbox"/> <b>Assistant Treasurer</b>	<input type="checkbox"/> <b>Partner/General Partner</b>
<input type="checkbox"/> <b>Owner</b>	<input type="checkbox"/> <b>Secretary</b>	<input type="checkbox"/> <b>Assistant Secretary</b>	<input type="checkbox"/> <b>Representative of Member</b>	<input type="checkbox"/> <b>Representative of Partner/General Partner</b>
<input type="checkbox"/> <b>Manager</b>	<input type="checkbox"/> <b>Representative of Manager</b>	<input type="checkbox"/> <b>Other (specify):</b> _____		

Name *First*

Middle

Last

Home Street Address (no P.O. boxes)

Mailing Address (if different from home; P.O. boxes may be used)

City

City

State or Province

Zip or Postal Code

Preferred Telephone Number (including area code)

State or Province

Zip or Postal Code

Alternate Telephone Number (including area code)

☐ Home
☐ Business
☐ Mobile: \_\_\_\_\_

☐ Home
☐ Business
☐ Mobile: \_\_\_\_\_

Social Security Number

Date of Birth (mm/dd/yyyy)

Email Address

Country(ies) of Citizenship (Must list each separated by a comma.)

Country of Legal Residence

☐ USA
☐ Other: \_\_\_\_\_

☐ USA
☐ Other: \_\_\_\_\_

ID Number and Type (Please select only one box and provide the relevant information below.)

☐ Passport
☐ Driver's License
☐ Gov't Issued ID

Identification Number

Country or State of Issuance

Expiration Date (mm/dd/yyyy)

**Employment Status** (Please check only one.)
☐ **Employed**
☐ **Self-Employed**
☐ **Retired**
☐ **Homemaker**
☐ **Student**
☐ **Not Employed**
**Occupation** (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

<input type="checkbox"/> <b>Business Owner/Self-Employed</b>	<input type="checkbox"/> <b>Financial Services/Banking Professional</b>	<input type="checkbox"/> <b>Military</b>	<input type="checkbox"/> <b>Consultant</b>
<input type="checkbox"/> <b>Executive/Senior Management</b>	<input type="checkbox"/> <b>Information Technology Professional</b>	<input type="checkbox"/> <b>Educator</b>	<input type="checkbox"/> <b>Other (specify):</b> _____
<input type="checkbox"/> <b>Medical Professional</b>	<input type="checkbox"/> <b>Other Professional</b>	<input type="checkbox"/> <b>Sales/Marketing</b>	
<input type="checkbox"/> <b>Legal Professional</b>	<input type="checkbox"/> <b>Clerical/Administrative Services</b>	<input type="checkbox"/> <b>U.S. Government Employee (Federal/State/Local)</b>	
<input type="checkbox"/> <b>Accounting Professional</b>	<input type="checkbox"/> <b>Foreign Government Employee (Non-U.S.)</b>	<input type="checkbox"/> <b>Trade/Service (Labor/Manufacturing/Production)</b>	

Employer Name/Business Name

Business Street Address

City

State

Zip Code

**For Beneficial Owners Only:**

What is your percentage of ownership? \_\_\_\_\_ %

**What is your source of wealth?** (Check all that apply.)

<input type="checkbox"/> <b>Salary, wages, savings</b>	<input type="checkbox"/> <b>Family, relatives, inheritance</b>	<input type="checkbox"/> <b>Litigation award</b>	<input type="checkbox"/> <b>Gambling</b>	<input type="checkbox"/> <b>Social Security benefits</b>
<input type="checkbox"/> <b>Investment capital gains</b>	<input type="checkbox"/> <b>Invention/patent</b>	<input type="checkbox"/> <b>Lottery</b>	<input type="checkbox"/> <b>Gifts</b>	<input type="checkbox"/> <b>Sale of property or business</b>

**The Next Two Questions Are Required by Industry Regulations:**

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

☐ **No**
☐ **Yes** (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. **List the company name** \_\_\_\_\_ .)

Are you a director, 10% shareholder or policy-making officer of a publicly held company?

☐ **No**
☐ **Yes** (If "Yes," enter company name \_\_\_\_\_ and trading symbol \_\_\_\_\_ .)

**Individual 3****Role of Individual on Account** (Select all that apply.)
☐ **Authorized Individual**
☐ **Control Person**
☐ **≥10% Beneficial Owner**
**Title or Capacity of Individual** (Select all that apply.)

<input type="checkbox"/> <b>CEO</b>	<input type="checkbox"/> <b>CFO</b>	<input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>Chairman of the Board</b>	<input type="checkbox"/> <b>Member/Managing Member</b>
<input type="checkbox"/> <b>President</b>	<input type="checkbox"/> <b>Vice President</b>	<input type="checkbox"/> <b>Treasurer</b>	<input type="checkbox"/> <b>Assistant Treasurer</b>	<input type="checkbox"/> <b>Partner/General Partner</b>
<input type="checkbox"/> <b>Owner</b>	<input type="checkbox"/> <b>Secretary</b>	<input type="checkbox"/> <b>Assistant Secretary</b>	<input type="checkbox"/> <b>Representative of Member</b>	<input type="checkbox"/> <b>Representative of Partner/General Partner</b>
<input type="checkbox"/> <b>Manager</b>	<input type="checkbox"/> <b>Representative of Manager</b>	<input type="checkbox"/> <b>Other (specify):</b> _____		

Name *First**Middle**Last***Home Street Address** (no P.O. boxes)**Mailing Address** (if different from home; P.O. boxes may be used)**City****City****State or Province****Zip or Postal Code****Preferred Telephone Number** (including area code)**State or Province****Zip or Postal Code****Alternate Telephone Number** (including area code)
☐ **Home**
☐ **Business**
☐ **Mobile:** \_\_\_\_\_

☐ **Home**
☐ **Business**
☐ **Mobile:** \_\_\_\_\_
**Social Security Number****Date of Birth** (mm/dd/yyyy)**Email Address****Country(ies) of Citizenship** (Must list each separated by a comma.)**Country of Legal Residence**
☐ **USA**
☐ **Other:** \_\_\_\_\_

☐ **USA**
☐ **Other:** \_\_\_\_\_
**ID Number and Type** (Please select only one box and provide the relevant information below.)
☐ **Passport**
☐ **Driver's License**
☐ **Gov't Issued ID**
**Identification Number****Country or State of Issuance****Expiration Date** (mm/dd/yyyy)**Employment Status** (Please check only one.)
☐ **Employed**
☐ **Self-Employed**
☐ **Retired**
☐ **Homemaker**
☐ **Student**
☐ **Not Employed**
**Occupation** (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

<input type="checkbox"/> <b>Business Owner/Self-Employed</b>	<input type="checkbox"/> <b>Financial Services/Banking Professional</b>	<input type="checkbox"/> <b>Military</b>	<input type="checkbox"/> <b>Consultant</b>
<input type="checkbox"/> <b>Executive/Senior Management</b>	<input type="checkbox"/> <b>Information Technology Professional</b>	<input type="checkbox"/> <b>Educator</b>	<input type="checkbox"/> <b>Other (specify):</b> _____
<input type="checkbox"/> <b>Medical Professional</b>	<input type="checkbox"/> <b>Other Professional</b>	<input type="checkbox"/> <b>Sales/Marketing</b>	
<input type="checkbox"/> <b>Legal Professional</b>	<input type="checkbox"/> <b>Clerical/Administrative Services</b>	<input type="checkbox"/> <b>U.S. Government Employee</b> (Federal/State/Local)	
<input type="checkbox"/> <b>Accounting Professional</b>	<input type="checkbox"/> <b>Foreign Government Employee</b> (Non-U.S.)	<input type="checkbox"/> <b>Trade/Service</b> (Labor/Manufacturing/Production)	

**Employer Name/Business Name****Business Street Address****City****State****Zip Code****For Beneficial Owners Only:**

What is your percentage of ownership? \_\_\_\_\_ %

**What is your source of wealth?** (Check all that apply.)

<input type="checkbox"/> <b>Salary, wages, savings</b>	<input type="checkbox"/> <b>Family, relatives, inheritance</b>	<input type="checkbox"/> <b>Litigation award</b>	<input type="checkbox"/> <b>Gambling</b>	<input type="checkbox"/> <b>Social Security benefits</b>
<input type="checkbox"/> <b>Investment capital gains</b>	<input type="checkbox"/> <b>Invention/patent</b>	<input type="checkbox"/> <b>Lottery</b>	<input type="checkbox"/> <b>Gifts</b>	<input type="checkbox"/> <b>Sale of property or business</b>

**The Next Two Questions Are Required by Industry Regulations:**

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

☐ **No**
☐ **Yes** (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. **List the company name** \_\_\_\_\_ .)

Are you a director, 10% shareholder or policy-making officer of a publicly held company?

☐ **No**
☐ **Yes** (If "Yes," enter company name \_\_\_\_\_ and trading symbol \_\_\_\_\_ .)

**Individual 4****Role of Individual on Account** (Select all that apply.)
☐ **Authorized Individual**
☐ **Control Person**
☐ **≥10% Beneficial Owner**
**Title or Capacity of Individual** (Select all that apply.)

<input type="checkbox"/> <b>CEO</b>	<input type="checkbox"/> <b>CFO</b>	<input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>Chairman of the Board</b>	<input type="checkbox"/> <b>Member/Managing Member</b>
<input type="checkbox"/> <b>President</b>	<input type="checkbox"/> <b>Vice President</b>	<input type="checkbox"/> <b>Treasurer</b>	<input type="checkbox"/> <b>Assistant Treasurer</b>	<input type="checkbox"/> <b>Partner/General Partner</b>
<input type="checkbox"/> <b>Owner</b>	<input type="checkbox"/> <b>Secretary</b>	<input type="checkbox"/> <b>Assistant Secretary</b>	<input type="checkbox"/> <b>Representative of Member</b>	<input type="checkbox"/> <b>Representative of Partner/General Partner</b>
<input type="checkbox"/> <b>Manager</b>	<input type="checkbox"/> <b>Representative of Manager</b>	<input type="checkbox"/> <b>Other (specify):</b> _____		

Name *First**Middle**Last*

Home Street Address (no P.O. boxes)

Mailing Address (if different from home; P.O. boxes may be used)

City

City

State or Province

Zip or Postal Code

Preferred Telephone Number (including area code)

State or Province

Zip or Postal Code

Alternate Telephone Number (including area code)

☐ Home
☐ Business
☐ Mobile: \_\_\_\_\_

☐ Home
☐ Business
☐ Mobile: \_\_\_\_\_

Social Security Number

Date of Birth (mm/dd/yyyy)

Email Address

Country(ies) of Citizenship (Must list each separated by a comma.)

Country of Legal Residence

☐ USA
☐ Other: \_\_\_\_\_

☐ USA
☐ Other: \_\_\_\_\_

ID Number and Type (Please select only one box and provide the relevant information below.)

☐ Passport
☐ Driver's License
☐ Gov't Issued ID

Identification Number

Country or State of Issuance

Expiration Date (mm/dd/yyyy)

**Employment Status** (Please check only one.)
☐ **Employed**
☐ **Self-Employed**
☐ **Retired**
☐ **Homemaker**
☐ **Student**
☐ **Not Employed**
**Occupation** (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

<input type="checkbox"/> <b>Business Owner/Self-Employed</b>	<input type="checkbox"/> <b>Financial Services/Banking Professional</b>	<input type="checkbox"/> <b>Military</b>	<input type="checkbox"/> <b>Consultant</b>
<input type="checkbox"/> <b>Executive/Senior Management</b>	<input type="checkbox"/> <b>Information Technology Professional</b>	<input type="checkbox"/> <b>Educator</b>	<input type="checkbox"/> <b>Other (specify):</b> _____
<input type="checkbox"/> <b>Medical Professional</b>	<input type="checkbox"/> <b>Other Professional</b>	<input type="checkbox"/> <b>Sales/Marketing</b>	
<input type="checkbox"/> <b>Legal Professional</b>	<input type="checkbox"/> <b>Clerical/Administrative Services</b>	<input type="checkbox"/> <b>U.S. Government Employee (Federal/State/Local)</b>	
<input type="checkbox"/> <b>Accounting Professional</b>	<input type="checkbox"/> <b>Foreign Government Employee (Non-U.S.)</b>	<input type="checkbox"/> <b>Trade/Service (Labor/Manufacturing/Production)</b>	

Employer Name/Business Name

Business Street Address

City

State

Zip Code

**For Beneficial Owners Only:**

What is your percentage of ownership? \_\_\_\_\_ %

**What is your source of wealth?** (Check all that apply.)

<input type="checkbox"/> <b>Salary, wages, savings</b>	<input type="checkbox"/> <b>Family, relatives, inheritance</b>	<input type="checkbox"/> <b>Litigation award</b>	<input type="checkbox"/> <b>Gambling</b>	<input type="checkbox"/> <b>Social Security benefits</b>
<input type="checkbox"/> <b>Investment capital gains</b>	<input type="checkbox"/> <b>Invention/patent</b>	<input type="checkbox"/> <b>Lottery</b>	<input type="checkbox"/> <b>Gifts</b>	<input type="checkbox"/> <b>Sale of property or business</b>

**The Next Two Questions Are Required by Industry Regulations:**

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

☐ **No**
☐ **Yes** (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. **List the company name** \_\_\_\_\_ .)

Are you a director, 10% shareholder or policy-making officer of a publicly held company?

☐ **No**
☐ **Yes** (If "Yes," enter company name \_\_\_\_\_ and trading symbol \_\_\_\_\_ .)

**4b. Add Control Person That Is a Legal Entity**

If the new Control Person is a Legal Entity or a Trust, provide the information requested below—all information is required. In addition, please complete the information requested for at least one of the underlying Control Persons/Trustees of the Legal Entity/Trust.

<b>Name of the Legal Entity</b>			<b>Legal Entity Tax ID Number</b>
<b>If Legal Entity is known by another name, enter name.</b>			<b>Telephone Number</b>
<b>Legal Entity Street Address</b> (no P.O. boxes)	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing Address</b> (if different from street; P.O. boxes may be used)	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>State of Incorporation/Establishment</b>	<b>Country of Incorporation/Establishment</b>	<b>Date of Incorporation/Establishment</b> (mm/dd/yyyy)	

**6-Digit NAICS Code**

Provide the following information for at least one Control Person/Trustee for the above Legal Entity/Trust. If information was provided for the Control Person/Trustee in Section 4a, list only his/her name below.

**Control Person/Trustee**

<b>Name First</b>	<b>Middle</b>	<b>Last</b>
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<b>Home Street Address</b> (no P.O. boxes)	<b>City</b>
--	-------------

<b>State or Province</b>	<b>Zip or Postal Code</b>
--------------------------	---------------------------

<b>Preferred Telephone Number</b> (including area code)	<b>Alternate Telephone Number</b> (including area code)
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<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile: _____	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile: _____
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<b>Social Security Number</b>	<b>Date of Birth</b> (mm/dd/yyyy)	<b>Email Address</b>
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<b>Country(ies) of Citizenship</b> (List each separated by a comma.)	<b>Country of Legal Residence</b>
--	-----------------------------------

<input type="checkbox"/> USA <input type="checkbox"/> Other: _____	<input type="checkbox"/> USA <input type="checkbox"/> Other: _____
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**ID Number and Type** (Please select only one box and provide the relevant information below.)

<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't Issued ID	<b>Identification Number</b>	<b>Country or State of Issuance</b>	<b>Expiration Date</b> (mm/dd/yyyy)
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**Employment Status** (Please check only one.)

☐ Employed ☐ Self-Employed ☐ Retired ☐ Homemaker ☐ Student ☐ Not Employed

**Occupation** (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

<input type="checkbox"/> Business Owner/Self-Employed	<input type="checkbox"/> Financial Services/Banking Professional	<input type="checkbox"/> Military	<input type="checkbox"/> Consultant
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<input type="checkbox"/> Executive/Senior Management	<input type="checkbox"/> Information Technology Professional	<input type="checkbox"/> Educator	<input type="checkbox"/> Other (specify): _____
--	--	-----------------------------------	---

<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Other Professional	<input type="checkbox"/> Sales/Marketing
---	---	--

<input type="checkbox"/> Legal Professional	<input type="checkbox"/> Clerical/Administrative Services	<input type="checkbox"/> U.S. Government Employee (Federal/State/Local)
---	---	---

<input type="checkbox"/> Accounting Professional	<input type="checkbox"/> Foreign Government Employee (Non-U.S.)	<input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)
--	---	---

<b>Employer Name/Business Name</b>	<b>Business Street Address</b>
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<b>City</b>	<b>State</b>	<b>Zip Code</b>
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**The Next Two Questions Are Required by Industry Regulations:**

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

☐ No ☐ Yes (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. **List the company name** \_\_\_\_\_.)

Are you a director, 10% shareholder or policy-making officer of a publicly held company?

☐ No ☐ Yes (If "Yes," enter company name \_\_\_\_\_ and trading symbol \_\_\_\_\_.)

**4c. Add Trusts That Are ≥10% Beneficial Owners**

In the instance where a Trust is a ≥10% equity owner of the Organization, the Trustees are considered Beneficial Owners per industry regulations. Information for at least one current Trustee is required. If there is more than one Trust that is a ≥10% Beneficial Owner of the Organization, please make, complete, and attach additional copies of this Section 4c.

Name of Trust Country of Establishment State of Establishment

What is the Trust's percentage of ownership in the Organization? \_\_\_\_\_ %

Please complete Part 1 for a current Trustee(s) that is an Individual and Part 2 for a current Trustee that is an Entity Trustee.

**Part 1: Trustee(s) That Is an Individual**

Provide the following information for at least one current Trustee of the aforementioned Trust. If information was provided for a current Trustee in Section 4a or 4b, list only his/her name below.

**Trustee**

Name First Middle Last

Home Street Address (no P.O. boxes) City

State or Province Zip or Postal Code

Preferred Telephone Number (including area code) Alternate Telephone Number (including area code)  
☐ Home ☐ Business ☐ Mobile: ☐ Home ☐ Business ☐ Mobile:

Social Security Number Date of Birth (mm/dd/yyyy) Email Address

Country(ies) of Citizenship (List each separated by a comma.) Country of Legal Residence  
☐ USA ☐ Other: ☐ USA ☐ Other:

ID Number and Type (Please select only one box and provide the relevant information below.)

☐ Passport ☐ Driver's License ☐ Gov't Issued ID  
 Identification Number Country or State of Issuance Expiration Date (mm/dd/yyyy)

Employment Status (Please check only one.)

☐ Employed ☐ Self-Employed ☐ Retired ☐ Homemaker ☐ Student ☐ Not Employed

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

☐ Business Owner/Self-Employed ☐ Financial Services/Banking Professional ☐ Military ☐ Consultant  
☐ Executive/Senior Management ☐ Information Technology Professional ☐ Educator ☐ Other (specify):  
☐ Medical Professional ☐ Other Professional ☐ Sales/Marketing  
☐ Legal Professional ☐ Clerical/Administrative Services ☐ U.S. Government Employee (Federal/State/Local)  
☐ Accounting Professional ☐ Foreign Government Employee (Non-U.S.) ☐ Trade/Service (Labor/Manufacturing/Production)

Employer Name/Business Name Business Street Address

City State Zip Code

**The Next Two Questions Are Required by Industry Regulations:**

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

☐ No ☐ Yes (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. List the company name \_\_\_\_\_.)

Are you a director, 10% shareholder or policy-making officer of a publicly held company?

☐ No ☐ Yes (If "Yes," enter company name \_\_\_\_\_ and trading symbol \_\_\_\_\_.)



**Part 2: Entity Trustee**

Complete this section if the Trustee is an entity (Corporate Trustee or other entity).

**Name of Legal Entity** (as shown on the charter or other legal document creating the legal entity; hereinafter referred to as the "Legal Entity")

<b>Legal Entity Tax ID Number</b>	<b>If Legal Entity is known by another name, enter name.</b>	<b>6-Digit NAICS Code</b>
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<b>Telephone Number</b>	<b>Legal Entity Street Address</b> (no P.O. boxes)
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<b>City</b>	<b>State or Province</b>	<b>Zip or Postal Code</b>
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<b>State of Incorporation/Establishment</b>	<b>Country of Incorporation/Establishment</b>	<b>Date of Incorporation/Establishment</b> (mm/dd/yyyy)
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Required Information About Entity Trustee Control Person

Complete this section for one Control Person of the aforementioned Entity Trustee.

**Entity Trustee Control Person**

<b>Name</b> <i>First</i>	<i>Middle</i>	<i>Last</i>
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<b>Home Street Address</b> (no P.O. boxes)	<b>City</b>
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<b>State or Province</b>	<b>Zip or Postal Code</b>
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<b>Preferred Telephone Number</b> (including area code)	<b>Alternate Telephone Number</b> (including area code)
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<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile: _____	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile: _____
--	--

<b>Social Security Number</b>	<b>Date of Birth</b> (mm/dd/yyyy)	<b>Email Address</b>
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<b>Country(ies) of Citizenship</b> (List each separated by a comma.)	<b>Country of Legal Residence</b>
--	-----------------------------------

<input type="checkbox"/> USA <input type="checkbox"/> Other: _____	<input type="checkbox"/> USA <input type="checkbox"/> Other: _____
--	--

**ID Number and Type** (Please select only one box and provide the relevant information below.)

<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't Issued ID	<b>Identification Number</b>	<b>Country or State of Issuance</b>	<b>Expiration Date</b> (mm/dd/yyyy)
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**Employment Status** (Please check only one.)
☐ Employed   ☐ Self-Employed   ☐ Retired   ☐ Homemaker   ☐ Student   ☐ Not Employed
**Occupation** (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

<input type="checkbox"/> Business Owner/Self-Employed	<input type="checkbox"/> Financial Services/Banking Professional	<input type="checkbox"/> Military	<input type="checkbox"/> Consultant
<input type="checkbox"/> Executive/Senior Management	<input type="checkbox"/> Information Technology Professional	<input type="checkbox"/> Educator	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Other Professional	<input type="checkbox"/> Sales/Marketing	
<input type="checkbox"/> Legal Professional	<input type="checkbox"/> Clerical/Administrative Services	<input type="checkbox"/> U.S. Government Employee (Federal/State/Local)	
<input type="checkbox"/> Accounting Professional	<input type="checkbox"/> Foreign Government Employee (Non-U.S.)	<input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)	

<b>Employer Name/Business Name</b>	<b>Business Street Address</b>
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<b>City</b>	<b>State</b>	<b>Zip Code</b>
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**The Next Two Questions Are Required by Industry Regulations:**

Are you or an immediate family member associated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

☐ No   ☐ Yes (If "Yes," you must attach a letter from your or your immediate family member's employer or affiliated broker-dealer approving the establishment of your account when submitting this application. **List the company name** \_\_\_\_\_ .)

Are you a director, 10% shareholder or policy-making officer of a publicly held company?

☐ No   ☐ Yes (If "Yes," enter company name \_\_\_\_\_ and trading symbol \_\_\_\_\_ .)

**5. Revoke Authorized Individual(s), Control Person(s) and/or ≥10% Beneficial Owner(s)**

Revoke all of the following individuals (including Trustees) or legal entities (including Trusts and Entity Trustees) who are Authorized Individual(s), Control Person(s) and/or ≥10% Beneficial Owner(s).

**Name of Individual/Legal Entity**

Role of Individual to Be Removed (Select all that apply.) ☐ **Authorized Individual** ☐ **Control Person** ☐ **≥10% Beneficial Owner**

**Name of Individual/Legal Entity**

Role of Individual to Be Removed (Select all that apply.) ☐ **Authorized Individual** ☐ **Control Person** ☐ **≥10% Beneficial Owner**

**Name of Individual/Legal Entity**

Role of Individual to Be Removed (Select all that apply.) ☐ **Authorized Individual** ☐ **Control Person** ☐ **≥10% Beneficial Owner**

**Name of Individual/Legal Entity**

Role of Individual to Be Removed (Select all that apply.) ☐ **Authorized Individual** ☐ **Control Person** ☐ **≥10% Beneficial Owner**

**Name of Individual/Legal Entity**

Role of Individual to Be Removed (Select all that apply.) ☐ **Authorized Individual** ☐ **Control Person** ☐ **≥10% Beneficial Owner**

**Name of Individual/Legal Entity**

Role of Individual to Be Removed (Select all that apply.) ☐ **Authorized Individual** ☐ **Control Person** ☐ **≥10% Beneficial Owner**

**Name of Individual/Legal Entity**

Role of Individual to Be Removed (Select all that apply.) ☐ **Authorized Individual** ☐ **Control Person** ☐ **≥10% Beneficial Owner**

**Name of Individual/Legal Entity**

Role of Individual to Be Removed (Select all that apply.) ☐ **Authorized Individual** ☐ **Control Person** ☐ **≥10% Beneficial Owner**

**Name of Individual/Legal Entity**

Role of Individual to Be Removed (Select all that apply.) ☐ **Authorized Individual** ☐ **Control Person** ☐ **≥10% Beneficial Owner**

**Name of Individual/Legal Entity**

Role of Individual to Be Removed (Select all that apply.) ☐ **Authorized Individual** ☐ **Control Person** ☐ **≥10% Beneficial Owner**

**6. New Authorized Individual Signature(s)**

By signing this Authorization, each individual in his or her representative and individual capacity ("you") certifies, represents and warrants that all the information supplied in this Authorization is complete, true and correct. You also agree that you have received and read a copy of the attached Application Agreement, which contains a predispute arbitration clause. You acknowledge and agree that this arbitration clause is a binding obligation both of the Organization and of you with respect to your capacity as an Authorized Individual on the account(s).

You represent and warrant that you have all the requisite power and authority to (1) provide tax certifications; (2) establish, maintain, and operate an account(s) with Schwab on behalf of the Organization; and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One® Account Agreement and the *Charles Schwab Pricing Guide for Individual Investors*, each as amended from time to time (the "Agreement and Disclosures"). You represent and warrant that the Organization documents, resolutions, agreements, and laws governing the Organization permit the establishment and maintenance of the account(s) in accordance with the Agreement and Disclosures. You represent and warrant that you will not take any action or provide any instruction to Schwab that exceeds your authority under the Organization documents, resolutions, agreements, and laws governing the Organization.

You represent and warrant that each Authorized Individual listed on this Application or subsequently provided to Schwab is authorized by the Organization to act individually, independently, and without the consent of any owner, member, manager, partner, board, director, officer, or other person of the Organization. You represent and warrant that any notice sent to any Authorized Individual will constitute notice to the Organization. You represent and warrant that nothing in the Organization documents, agreements, and laws governing the Organization imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.

You authorize Schwab to apply the Beneficial Ownership information provided in this Update Form to all other similarly registered Organization accounts with the same Taxpayer Identification Number (TIN) maintained at Schwab.

You authorize Schwab to inquire from any source, including a consumer reporting agency, as to the identity of you and any organization you represent (as required by federal law), your or the Organization's creditworthiness and your or the Organization's ongoing eligibility for the account(s) at account opening, at any time throughout the life of the account(s), and thereafter for debt collection or investigative purposes.

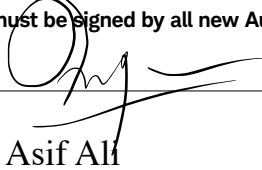
You agree to notify Schwab immediately in writing of any change that would cause these representations and warranties to become incorrect or incomplete. You hereby, jointly and severally, in both personal and representative capacities, agree to indemnify Schwab, its affiliates, officers, directors, employees, and agents from, and to hold such persons harmless against, any claims, judgments, surcharges, settlements, or other liabilities or costs of defense or settlement (including investigative and attorneys' fees) arising out of or related to any act or omission to act by any Authorized Individual with respect to the account(s), the breach of any agreement with Schwab or any dispute involving you and the Organization.

The representations and obligations stated in this certification will survive the termination of the account(s).

By signing below, you represent and warrant that this Authorization and the incorporated Agreement and Disclosures constitute a legal, valid, and binding obligation enforceable against the Organization. You also agree, in your personal capacity, that your relationship with Schwab with respect to the account(s) will be governed by the Agreement and Disclosures.

**The Agreement with Schwab includes a predispute arbitration clause. I acknowledge receipt of the predispute arbitration clause contained in Section 13, page 3, of the Schwab One Account Application Agreement for Incorporated and Non-Incorporated Organizations.**

This section must be signed by all new Authorized Individual(s).

**X**   
 Signature 10/6/2023  
Today's Date (mm/dd/yyyy)  
 Asif Ali

Print Name Title

**X**  
 Signature Today's Date (mm/dd/yyyy)

Print Name Title

**X**  
 Signature Today's Date (mm/dd/yyyy)

Print Name Title

**X**  
 Signature Today's Date (mm/dd/yyyy)

Print Name Title

## 7. Required Certificate of Authority and Resolution

The Organization adopts the following Certificate of Authority and Resolution:

Each of the undersigned hereby certifies, warrants, and represents to Charles Schwab & Co., Inc. ("Schwab") that the Organization is authorized as follows:

1. Each individual whose signature appears in Section 6 (each, an Authorized Individual) is authorized to (1) provide tax certifications; (2) establish, maintain, and operate an account(s) with Schwab on behalf of the Organization and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One® Account Agreement and the *Charles Schwab Pricing Guide for Individual Investors*, each as amended from time to time (the "Agreement and Disclosures"); and (3) designate persons to operate such account(s).
2. Each Authorized Individual is authorized to act individually, independently, and without the consent of the owner, member, manager, partner, officer, or director of the Organization. Notice sent to any Authorized Individual will constitute notice to the Organization. Nothing in the organizational documents, resolutions, agreements, and laws governing the Organization imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.
3. In the exercise of such authority, each Authorized Individual is empowered, on behalf of the Organization, to use or acquire any service offered by Schwab and its affiliates and to execute and deliver any and all documents, in the name of and on behalf of the Organization as may be requested or required by Schwab. This authority includes the power to open, now or in the future, one or more accounts, and, with respect to each account, to execute, on behalf of the Organization, any and all forms and agreements, including, but not limited to, agreements to arbitrate controversies, and to deal and transact with Schwab in connection with the account(s), including the authority to (i) obtain and terminate all such services as Schwab (or its affiliates or third-party service providers) may offer in connection with the account(s) (including, without limitation, any margin lending or Internetbased online services) and to execute on behalf of the Organization such documents and agreements as required by Schwab in connection with such services; (ii) appoint one or more individuals to act on behalf of the Organization as an Authorized Individual with regard to the Organization's account(s) with authority as described herein or in such forms and to deliver to Schwab any change form for an Authorized Individual, Power of Attorney, or other document to effect or evidence such appointment; and (iii) terminate any Authorized Individual's authority to act on the account(s). This authority also includes the power to instruct the transfer of funds, securities, and other assets, including, but not limited to, the entire account, by wire, check, or otherwise from the account to or for the account of any other person, including the Authorized Individual giving the instruction, without limit as to amount and without inquiry. This authority also includes the power to (i) give written, oral, or electronic instructions to Schwab to buy or sell stocks, bonds, options, and/or other securities, commodities, and commodity futures, and other property, whether for immediate or future delivery, and (ii) to secure payment with property of the Organization, including, but not limited to, stocks, bonds, options, and/or other securities.
4. The authority thereby conferred is not inconsistent or in conflict with any organizational documents, resolutions, agreements, other applicable constituent documents or laws governing the Organization and is within the Organization's power and authority and agreements and laws governing the Organization.
5. In case of the death or withdrawal of any one of the partners or members or in case of the termination or dissolution of the Organization, each of the undersigned agrees to notify Schwab promptly in writing and to execute any supplementary authorization that Schwab may require in such an event. If Schwab is not notified in writing, Schwab is authorized to continue to receive orders for the account(s) that may be given to Schwab by any one of the Authorized Individuals then surviving.
6. Other than the changes requested in this Authorization, Schwab may continue to rely upon all other certificates or resolutions that have been previously provided to Schwab, unless Schwab has received written notice of the revocation of such certificate or resolution. The undersigned agrees to notify Schwab immediately in writing of any change that would cause these representations and warranties to become incorrect or incomplete.

**The Agreement with Schwab includes a predispute arbitration clause. I acknowledge receipt of the predispute arbitration clause contained in Section 13, page 3, of the Schwab One® Account Application Agreement for Incorporated and Non-Incorporated Organizations.**

**(THIS SECTION MUST BE SIGNED BY AN EXISTING AUTHORIZED INDIVIDUAL FOR THE ORGANIZATION.)**

**IF ALL EXISTING AUTHORIZED INDIVIDUALS ARE BEING REVOKED AND REPLACED, A NEW AUTHORIZED INDIVIDUAL MAY SIGN BELOW AND SUBMIT A COPY OF AN ORGANIZATIONAL DOCUMENT (E.G., CORPORATE RESOLUTION, BOARD RESOLUTION, OR BOARD MEETING MINUTES) AS PROOF OF APPOINTMENT TO TRANSACT ON BEHALF OF THE ORGANIZATION.**

**X**

Signature

Asif Ali

Print Name

10/6/2023

Today's Date (mm/dd/yyyy)

CEO

Title



By signing below, you represent and warrant that this Update Form and the incorporated Agreement and Disclosures constitute a legal, valid, and binding obligation enforceable against the Organization. You also agree, in your personal capacity, that your relationship with Schwab with respect to the account(s) will be governed by the Agreement and Disclosures.

**The Agreement with Schwab includes a predispute arbitration clause. You acknowledge receipt of the predispute arbitration clause contained in the Arbitration Agreement section, page 3, of the Schwab One® Account Application Agreement for Incorporated and Non-Incorporated Organizations.**

**Category 1-Required signature:** Chairman of the Board, President, Vice President, CEO, Executive Director, or Similarly Aligned Role (Please provide at least one signature in this section.)

**X**  \_\_\_\_\_ **Asif Ali** \_\_\_\_\_ **10/06/2023**  
Signature Print Name Today's Date (mm/dd/yyyy)

Title: ☒ Chairman of the Board ☐ President ☐ Vice President ☐ CEO ☐ Executive Director  
☐ Similarly Aligned Role \_\_\_\_\_

**Category 2-Required signature:** Secretary, any Assistant Secretary, Chief Financial Officer, Treasurer, or any Assistant Treasurer (Please provide at least one signature in this section.)

**X**  \_\_\_\_\_ **Sathish Kumar** \_\_\_\_\_ **10/06/2023**  
Signature Print Name Today's Date (mm/dd/yyyy)

Title: ☐ Secretary ☐ Assistant Secretary ☐ Chief Financial Officer ☐ Treasurer ☐ Assistant Treasurer

## 9. Required Certificate of Authority and Resolution for Incorporated Organizations Only: President or Secretary

The Organization adopts the following Certification of Authority and Resolution:

The undersigned certifies that:

- Each individual whose signature appears in Section 6 (each, an "Authorized Individual") is authorized to (1) provide tax certifications; (2) establish, maintain, and operate the account(s) with Schwab on behalf of the Organization and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One Account Application Agreement and the *Charles Schwab Pricing Guide for Individual Investors*, each as amended from time to time (the "Agreement and Disclosures"); and (3) designate persons to operate such account(s).
- Each Authorized Individual is authorized to act individually, independently, and without the consent of the board or any director, officer, or other person of the Organization. Notice sent to any Authorized Individual will constitute notice to the Organization. Nothing in the organizational documents, agreements, and laws governing the Organization imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.
- The authority thereby conferred is not inconsistent or in conflict with any organizational documents, resolutions, agreements, other applicable constituent documents, or laws governing the Organization and is within the Organization's power and authority and agreements and laws governing the Organization.
- The signatures that appear in Section 8 are true and genuine original signatures.

The information set forth in this Certificate of Authority and Resolution is true and correct, and Schwab may conclusively rely upon this Certificate of Authority and Resolution until the Organization delivers a written replacement Certificate of Authority and Resolution to Schwab at an address specified by Schwab.

**X**  \_\_\_\_\_ **Asif Ali** \_\_\_\_\_ **10/06/2023**  
Signature Print Name Today's Date (mm/dd/yyyy)

Title: ☒ President ☐ Secretary

## 10. Authorizations to Update Account for Non-Incorporated Organizations Only

### Required Signatures for Non-Incorporated Organizations Only

**Sole Proprietorship:** Owner must sign.

**Limited Partnership:** All General Partners must sign.

**General Partnership:** All Partners must sign.

**Limited Liability Partnership:** All General Partners must sign.

**Member-Managed Limited Liability Company:** All Members must sign.

**Manager-Managed Limited Liability Company:** All Managers must sign.

**Unincorporated Association:** A minimum of two officers must sign. One signature must be from the Chairman of the Board, the President, or any Vice President; the second signature must be from the Secretary, any Assistant Secretary, the Chief Financial Officer, the Treasurer, or any Assistant Treasurer.

Please complete all four signature fields: (1) sign name, (2) print name, (3) enter date, and (4) select title. Schwab cannot complete these fields on your behalf—failure to complete all four fields will delay the processing of your application.

By signing this Authorization, each individual in his or her representative and individual capacity ("you") certifies, represents, and warrants that all of the information supplied in this Authorization is complete, true and correct. You also agree that you have received and read a copy of the attached Schwab One® Account Application Agreement for Incorporated and Non-Incorporated Organizations ("Application Agreement"), which contains a predispute arbitration clause. You acknowledge and agree that this arbitration clause is a binding obligation of both the Organization and of you with respect to your capacity as an Authorized Individual on the Account(s).

You represent and warrant that you have all the requisite power and authority to (1) provide the tax certifications and (2) establish, maintain, and operate an account(s) with Schwab on behalf of the Organization and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One Account Agreement and the applicable *Charles Schwab Pricing Guide*, each as amended from time to time (the "Agreement and Disclosures"). You represent and warrant that the organizational documents, resolutions, agreements, and laws governing the Organization permit the establishment and maintenance of the Account(s) in accordance with the Agreement and Disclosures. You represent and warrant that you will not take any action or provide any instruction to Schwab that exceeds your authority under organizational documents, resolutions, agreements, and laws governing the Organization.

You authorize Schwab to apply the Beneficial Ownership information provided in this Update Form to all other similarly registered Organization accounts with the same Taxpayer Identification Number (TIN) maintained at Schwab.

You authorize Schwab to inquire from any source, including a consumer reporting agency, as to the identity of you and any Organization you represent (as required by federal law), creditworthiness and ongoing eligibility for the Account(s) at account opening, at any time throughout the life of the Account(s), and thereafter for debt collection or investigative purposes.

You agree to notify Schwab immediately in writing of any change that would cause these representations and warranties to become incorrect or incomplete. You hereby, jointly and severally, in both personal and representative capacities, agree to indemnify Schwab, its affiliates, officers, directors, employees, and agents from, and to hold such persons harmless against, any claims, judgments, surcharges, settlements, or other liabilities or costs of defense or settlement (including investigative and attorneys' fees) arising out of or related to any act or omission to act by any Authorized Individual with respect to the Account(s), the breach of any agreement with Schwab, or any dispute involving you and the Organization.

The representations and obligations stated in this certification will survive the termination of the Account(s).

By signing below, you represent and warrant that this Authorization and the Agreement and Disclosures constitute a legal, valid, and binding obligation enforceable against the Organization. You also agree, in your personal capacity, that your relationship with Schwab with respect to the Account(s) will be governed by the Agreement and Disclosures.

The Agreement with Schwab includes a predispute arbitration clause. You acknowledge receipt of the predispute arbitration clause contained in the Arbitration Agreement section, page 3, of the Schwab One® Account Application Agreement for Incorporated and Non-Incorporated Organizations.

**X**

Signature

Print Name

Today's Date (mm/dd/yyyy)

**Title** (Select ONLY one from the table below.)

For Sole Proprietorship	<input type="checkbox"/> Owner	
For Limited Partnerships	<input type="checkbox"/> General Partner	<input type="checkbox"/> Authorized Representative of General Partner
For General Partnerships	<input type="checkbox"/> Partner	<input type="checkbox"/> Authorized Representative of Partner
For Limited Liability Partnerships	<input type="checkbox"/> General Partner	<input type="checkbox"/> Authorized Representative of General Partner
For Member-Managed Limited Liability Companies	<input type="checkbox"/> Member	<input type="checkbox"/> Authorized Representative of Member
For Manager-Managed Limited Liability Companies	<input type="checkbox"/> Manager	<input type="checkbox"/> Authorized Representative of Manager
For Unincorporated Associations	<input type="checkbox"/> Chairman of the Board <input type="checkbox"/> Assistant Secretary	<input type="checkbox"/> President <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer

**X**

Signature

Print Name

Today's Date (mm/dd/yyyy)

**Title** (Select ONLY one from the table below.)

<b>For Sole Proprietorship</b>	<input type="checkbox"/> <b>Owner</b>	
<b>For Limited Partnerships</b>	<input type="checkbox"/> <b>General Partner</b>	<input type="checkbox"/> <b>Authorized Representative of General Partner</b>
<b>For General Partnerships</b>	<input type="checkbox"/> <b>Partner</b>	<input type="checkbox"/> <b>Authorized Representative of Partner</b>
<b>For Limited Liability Partnerships</b>	<input type="checkbox"/> <b>General Partner</b>	<input type="checkbox"/> <b>Authorized Representative of General Partner</b>
<b>For Member-Managed Limited Liability Companies</b>	<input type="checkbox"/> <b>Member</b>	<input type="checkbox"/> <b>Authorized Representative of Member</b>
<b>For Manager-Managed Limited Liability Companies</b>	<input type="checkbox"/> <b>Manager</b>	<input type="checkbox"/> <b>Authorized Representative of Manager</b>
<b>For Unincorporated Associations</b>	<input type="checkbox"/> <b>Chairman of the Board</b>	<input type="checkbox"/> <b>President</b> <input type="checkbox"/> <b>Vice President</b> <input type="checkbox"/> <b>Secretary</b> <input type="checkbox"/> <b>Assistant Secretary</b> <input type="checkbox"/> <b>Chief Financial Officer</b> <input type="checkbox"/> <b>Treasurer</b> <input type="checkbox"/> <b>Assistant Treasurer</b>

## 11. Required Certificate of Authority and Resolution (Complete only for Non-Incorporated Organizations.)

The Organization adopts the following Certificate of Authority and Resolution.

Each of the undersigned hereby certifies, warrants, and represents to Charles Schwab & Co., Inc. ("Schwab") that the Organization is authorized as follows.

1. The Organization is (select ONLY one):

- ☐ **A Member-Managed Limited Liability Company (LLC), and the undersigned represent all Members of the LLC**
- ☐ **A Manager-Managed LLC, and the undersigned represent all Managers of the LLC**
- ☐ **A Limited Partnership, and the undersigned represent all General Partners of the Limited Partnership**
- ☐ **A General Partnership, and the undersigned represent all Partners of the General Partnership**
- ☐ **A Limited Liability Partnership (LLP), and the undersigned represent all Partners of the LLP**
- ☐ **An Unincorporated Association, and the undersigned holds the office of \_\_\_\_\_**
- ☐ **A Sole Proprietorship, and I am engaged in business under the name of the Organization, and all property in that name belongs to me and is my sole property. I further warrant, represent, and certify that I am the sole owner of the business so conducted and that no other person, firm, corporation, or other entity has any interest in the business.**
2. Each individual whose signature appears in Section 6 (each an Authorized Individual) is authorized to (1) provide tax certifications; (2) establish, maintain, and operate the account(s) with Schwab on behalf of the Organization and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One® Account Agreement and the *Charles Schwab Pricing Guide*, each as amended from time to time (the "Agreement and Disclosures"); and (3) designate persons to operate such account(s).
3. Each Authorized Individual is authorized to act individually, independently, and without the consent of the owner, member, manager, or partner of the Organization. Notice sent to any Authorized Individual will constitute notice to the Organization. Nothing in the organizational documents, agreements, and laws governing the Organization imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.
4. In the exercise of such authority, each Authorized Individual is empowered, on behalf of the Organization, to use or acquire any service offered by Schwab and its affiliates and to execute and deliver any and all documents, in the name of and on behalf of the Organization as may be requested or required by Schwab. This authority includes the power to open, now or in the future, one or more accounts, and with respect to each account, to execute, on behalf of the Organization, any and all forms and agreements, including, but not limited to, agreements to arbitrate controversies, and to deal and transact with Schwab in connection with the accounts, including the authority to (i) obtain and terminate all such services as Schwab (or its affiliates or third-party service providers) may offer in connection with the accounts (including without limitation any margin lending or Internet-based online services) and to execute on behalf of the Organization such documents and agreements as required by Schwab in connection with such services; (ii) appoint one or more individuals to act on behalf of the Organization as an Authorized Individual with regard to the Organization's accounts with authority as described herein or in such forms and to deliver to Schwab any change form for an Authorized Individual, Power of Attorney, or other document to effect or evidence such appointment; and (iii) terminate any Authorized Individual's authority to act on the account. This authority also includes the power to instruct the transfer of funds, securities, and other assets, including, but not limited to, the entire account, by wire, check, or otherwise from the account to or for the account of any other person, including the Authorized Individual giving the instruction, without limit as to amount and without inquiry. This authority also includes the power to (i) give written, oral, or electronic instructions to Schwab to buy or sell stocks, bonds, options and/or other securities, commodities and commodity futures, and other property, whether for immediate or future delivery; and (ii) secure payment with property of the Organization, including, but not limited to, stocks, bonds, options, and/or other securities.
5. The authority thereby conferred is not inconsistent or in conflict with any organizational documents, resolutions, agreements, other applicable constituent documents, or laws governing the Organization and is within the Organization's power and authority and agreements and laws governing the Organization.



6. In case of the death or withdrawal of any one of the partners or members, or in case of the termination or dissolution of the Organization, each of the undersigned agrees to notify Schwab promptly in writing and to execute any supplementary authorization that Schwab may require in such an event. If Schwab is not notified in writing, Schwab is authorized to continue to receive orders for the account(s) that may be given to Schwab by any one of the Authorized Individuals then surviving.
7. All actions previously taken with respect to matters described in this Certificate are ratified, confirmed, and approved. This Certificate will remain in full force and effect until written notice of its revocation is delivered to and receipt is acknowledged by Schwab. Until such revocation and acknowledgement, Schwab may rely on this authorization without question.
8. The signatures that appear in Section 6 are true and genuine original signatures.

**Required Signatures for Section 11****Sole Proprietorship:** Owner must sign.**Limited Partnership:** All General Partners must sign.**General Partnership:** All Partners must sign.**Limited Liability Partnership:** All General Partners must sign.**Member-Managed Limited Liability Company:** All Members must sign.**Manager-Managed Limited Liability Company:** All Managers must sign.

**Unincorporated Association:** A minimum of two officers must sign. One signature must be from the Chairman of the Board, the President, or any Vice President; the second signature must be from the Secretary, any Assistant Secretary, the Chief Financial Officer, the Treasurer, or any Assistant Treasurer.

Please complete all four signature fields: (1) sign name, (2) print name, (3) enter date, and (4) select title. Schwab cannot complete these fields on your behalf—failure to complete all four fields will delay the processing of your application.

**X**

Signature

Print Name

Today's Date (mm/dd/yyyy)

Title (Select ONLY one from the table below.)

For Sole Proprietorship	<input type="checkbox"/> Owner	
For Limited Partnerships	<input type="checkbox"/> General Partner	<input type="checkbox"/> Authorized Representative of General Partner
For General Partnerships	<input type="checkbox"/> Partner	<input type="checkbox"/> Authorized Representative of Partner
For Limited Liability Partnerships	<input type="checkbox"/> General Partner	<input type="checkbox"/> Authorized Representative of General Partner
For Member-Managed Limited Liability Companies	<input type="checkbox"/> Member	<input type="checkbox"/> Authorized Representative of Member
For Manager-Managed Limited Liability Companies	<input type="checkbox"/> Manager	<input type="checkbox"/> Authorized Representative of Manager
For Unincorporated Associations	<input type="checkbox"/> Chairman of the Board <input type="checkbox"/> Assistant Secretary	<input type="checkbox"/> President <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Treasurer

**X**

Signature

Print Name

Today's Date (mm/dd/yyyy)

Title (Select ONLY one from the table below.)

For Sole Proprietorship	<input type="checkbox"/> Owner	
For Limited Partnerships	<input type="checkbox"/> General Partner	<input type="checkbox"/> Authorized Representative of General Partner
For General Partnerships	<input type="checkbox"/> Partner	<input type="checkbox"/> Authorized Representative of Partner
For Limited Liability Partnerships	<input type="checkbox"/> General Partner	<input type="checkbox"/> Authorized Representative of General Partner
For Member-Managed Limited Liability Companies	<input type="checkbox"/> Member	<input type="checkbox"/> Authorized Representative of Member
For Manager-Managed Limited Liability Companies	<input type="checkbox"/> Manager	<input type="checkbox"/> Authorized Representative of Manager
For Unincorporated Associations	<input type="checkbox"/> Chairman of the Board <input type="checkbox"/> Assistant Secretary	<input type="checkbox"/> President <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Treasurer

# Schwab One® Account Application Agreement for Incorporated and Non-Incorporated Organizations

**These terms relate to your Account and are part of the Account Agreement between each Account Holder and Schwab. Please retain for your files.**

## Authorized Individual Signature(s)

By signing this Update Form, each individual in his or her representative and individual capacity ("you") represents and warrants that all of the information supplied in this Update Form is true and correct. You also agree that you have received and read a copy of the attached Application Agreement, which contains a predispute arbitration clause. You acknowledge and agree that this arbitration clause is a binding obligation of both the Organization and of you with respect to your capacity as an Authorized Individual on the Account(s).

You represent and warrant that you have all the requisite power and authority to (1) provide tax certifications and (2) establish, maintain and operate an account(s) with Schwab on behalf of the Organization and to (3) bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including but not limited to the Schwab One Account Application Agreement and the *Charles Schwab Pricing Guide for Individual Investors*, each as amended from time to time (the "Agreement and Disclosures"). You represent and warrant that the Organization documents, resolutions, agreements and laws governing the Organization permit the establishment and maintenance of the account(s) in accordance with the Agreement and Disclosures. You represent and warrant that you will not take any action or provide any instruction to Schwab that

exceeds your authority under the Organization documents, resolutions, agreements and laws governing the Organization.

You represent and warrant that each Authorized Individual listed on this Update Form or subsequently provided to Schwab is authorized by the Organization to act individually, independently and without the consent of any owner, member, manager, partner, board, director, officer or other person of the Organization. You represent and warrant that any notice sent to any Authorized Individual will constitute notice to the Organization. You represent and warrant that nothing in the Organization documents, resolutions, agreements and laws governing the Organization imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.

You authorize Schwab to apply the Beneficial Ownership information provided in this Update Form to all other similarly registered Organization accounts with the same Taxpayer Identification Number (TIN) maintained at Schwab.

You authorize Schwab to inquire from any source, including a consumer reporting agency, as to the identity of you and any Organization you represent (as required by federal law), creditworthiness and ongoing eligibility for the

Account(s) at account opening, at any time throughout the life of the Account(s), and thereafter for debt collection or investigative purposes.

You agree to notify Schwab immediately in writing of any change that would cause these representations and warranties to become incorrect or incomplete. You hereby, jointly and severally, in both personal and representative capacities, agree to indemnify Schwab, its affiliates, officers, directors, employees and agents from, and to hold such persons harmless against, any claims, judgments, surcharges, settlements or other liabilities or costs of defense or settlement (including investigative and attorneys' fees) arising out of or related to any act or omission to act by any Authorized Individual with respect to the Account(s), the breach of any agreement with Schwab or any dispute involving you and the Organization.

The representations and obligations stated in this certification will survive the termination of the Account(s).

By signing below, you represent and warrant that this Update Form and the incorporated Agreement and Disclosures constitute a legal, valid and binding obligation enforceable against the Organization. You also agree, in your personal capacity, that your relationship with Schwab with respect to the Account(s) will be governed by the Agreement and Disclosures.

## Required Certificate of Authority and Resolution

The Organization adopts the following Certificate of Authority and Resolution:

Each of the undersigned hereby certifies, warrants and represents to Charles Schwab & Co., Inc. ("Schwab") that the Organization is authorized as follows:

1. Each individual whose signature appears in Sections 6 and 7 (each, an Authorized Individual) is authorized to (1) provide tax certifications; (2) establish, maintain and operate an account(s) with Schwab on behalf of the Organization and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including but not limited to the Schwab One Account Application Agreement and the *Charles Schwab Pricing Guide for Individual Investors*, each as amended from time to time (the "Agreement and Disclosures"); and (3) designate persons to operate such account(s).
2. Each Authorized Individual is authorized to act individually, independently and without the consent of the owner, member, manager,

partner, officer or director of the Organization. Notice sent to any Authorized Individual will constitute notice to the Organization. Nothing in the organizational documents, resolutions, agreements and laws governing the Organization imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.

3. In the exercise of such authority, each Authorized Individual is empowered, on behalf of the Organization, to use or acquire any service offered by Schwab and its affiliates and to execute and deliver any and all documents, in the name of and on behalf of the Organization as may be requested or required by Schwab. This authority includes the power to open, now or in the future, one or more accounts, and, with respect to each account, to execute, on behalf of the Organization, any and all forms and agreements, including but not limited to agreements to arbitrate controversies, and to

deal and transact with Schwab in connection with the account(s), including the authority to (i) obtain and terminate all such services as Schwab (or its affiliates or third-party service providers) may offer in connection with the account(s) (including, without limitation, any margin lending or Internet-based online services) and to execute on behalf of the Organization such documents and agreements as required by Schwab in connection with such services; (ii) appoint one or more individuals to act on behalf of the Organization as an Authorized Individual with regard to the Organization's Accounts with authority as described herein or in such forms and to deliver to Schwab any change form for an Authorized Individual, Power of Attorney, or other document to effect or evidence such appointment; and (iii) terminate any Authorized Individual's authority to act on the account(s). This authority also includes the power to instruct the transfer of funds, securities and other assets, including but not limited to the entire account, by wire, check or otherwise from the account to or for the



account of any other person, including the Authorized Individual giving the instruction, without limit as to amount and without inquiry. This authority also includes the power to (i) give written, oral or electronic instructions to Schwab to buy or sell stocks, bonds, options and/or other securities, commodities and commodity futures, and other property, whether for immediate or future delivery, and (ii) secure payment with property of the Organization, including but not limited to stocks, bonds, options and/or other securities.

4. The authority thereby conferred is not inconsistent or in conflict with any

organizational documents, resolutions, agreements, other applicable constituent documents or laws governing the Organization and is within the Organization's power and authority and agreements and laws governing the Organization.

5. In case of the death or withdrawal of any one of the partners or members or in case of the termination or dissolution of the Organization, each of the undersigned agrees to notify Schwab promptly in writing and to execute any supplementary authorization that Schwab may require in such an event. If Schwab is not notified in writing, Schwab is authorized to

continue to receive orders for the Account(s) that may be given to Schwab by any one of the Authorized Individuals then surviving.

6. Other than the changes requested in this Authorization, Schwab may continue to rely upon all other certificates or resolutions that have been previously provided to Schwab, unless Schwab has received written notice of the revocation of such certificate or resolution. The undersigned agrees to notify Schwab immediately in writing of any change that would cause these representations and warranties to become incorrect or incomplete.

## Schwab One® Account Application Agreement for Incorporated and Non-Incorporated Organizations

**Section 1: Scope of Agreement.** Your agreement with Schwab consists of the terms set forth in this Application Agreement and the terms set forth in the Schwab One Account Application Agreement, which incorporates the *Charles Schwab Pricing Guide for Individual Investors* and a number of other important disclosures. The Schwab One Account Application Agreement is provided with this Application or at the opening of your Account. You agree to contact Schwab if you do not receive the Schwab One Account Application Agreement.

In addition, you may in the future receive from Schwab supplemental terms or disclosures that pertain to certain account types, service features and benefit packages. These supplemental terms and disclosures, this Application Agreement and the Schwab One Account Application Agreement are collectively referred to as the "Agreement and Disclosures." You agree to read the Agreement and Disclosures carefully and retain copies for your records.

**Section 2: Acceptance of Agreement and Disclosures.** You agree that the Agreement and Disclosures govern all aspects of your relationship with Schwab, including all transactions between Schwab and you and all products and services now or in the future offered through Schwab. Schwab may rely on your use of Schwab's products and services as evidence of your continued acceptance of the Agreement and Disclosures.

**Section 3: Your Representations and Warranties.** You represent and warrant that: (a) you are of legal age in the state in which you live and you are authorized to enter into this Agreement; (b) you have supplied accurate information in your Account Application; (c) no one except the Account Holders listed on the Account Application (and if community property is held, the Account Holders' spouses) has an interest in the Account; (d) no additional authorizations from third parties are required for you to open the Account and effect transactions therein; (e) except as you have otherwise indicated on your Account Application or in writing to us, (i) you are not an employee of or affiliated with any securities exchange or member firm of any exchange, the Financial Industry Regulatory Authority (FINRA), or any securities firm, bank, trust company, or

insurance company; and (ii) you are not a director, 10% beneficial shareholder, policy-making officer, or otherwise an "affiliate" (as defined in Rule 144 under the Securities Act of 1933) of a publicly traded company; and (f) this Application Agreement, as amended from time to time, is a legal, valid and binding obligation, enforceable against you in accordance with its terms.

**Section 4: Account Handling.** Schwab will automatically hold all of your securities purchased, sales proceeds, dividends and interest. Schwab will also release your name, address and securities positions to companies in which we hold securities for your Account upon request, unless you notify us otherwise in writing. If you maintain more than one account at Schwab, you authorize Schwab to transfer assets between your account(s) when no written authorization is requested.

**Section 5: Responsibility for Investment Decisions.** You agree that you and any agent under a power of attorney or Investment Advisor (if you have one) are solely responsible for investment decisions in your Account, including whether to buy or sell or hold a particular security. Unless required by law, or unless Schwab provides advice to you that is clearly identified as an individualized recommendation for you, you understand that Schwab has no obligation to determine whether a particular transaction, strategy, or purchase or sale of a security is suitable for you. Your obligation includes an affirmative duty to monitor and stay informed about your Account and your investments and respond to changes as you deem appropriate.

Unless Schwab otherwise agrees with you in writing, Schwab does not have any discretionary authority or obligation to review or make recommendations for the investment of securities or cash in your Account.

You acknowledge that Schwab does not provide tax or legal advice.

**Section 6: Payment of Indebtedness.** You agree to make payment of any indebtedness related to your Account, including, but not limited to, any such indebtedness that results from instructions provided to Schwab by you, your agent or any attorney-in-fact under a power of attorney or

Investment Advisor authorized to make transactions in your Account. We may elect anytime, with or without notice, to make any debit balance or other obligation related to your Account immediately due and payable. We may report any past-due account to a consumer and/or securities credit reporting agency. We may also refer your Account to a collection agency.

**Section 7: Security for Indebtedness.** Note: This section does not apply to any tax-qualified accounts subject to the prohibited transaction rules of the Internal Revenue Code or ERISA, or any indebtedness arising therefrom.

As security for the repayment of all present or future indebtedness owed to us by any Account Holder under the Schwab One Account Application Agreement or otherwise, each Account Holder grants to us a continuing security interest in and lien on, and a right of setoff with respect to, all Securities and Other Property that are, now or in the future, held, carried or maintained for any purpose in or through the Schwab One Account, and, to the extent of such Account Holder's interest in or through, any present or future account with us in which the Account Holder has an interest.

If you owe money to Schwab as the result of activity in your Account and there are assets available in any account that you hold at Schwab which could fully or partially satisfy the debt, you agree that upon Schwab's written demand, you will execute all documents necessary to effect a distribution from your account and agree to pay or cause such funds to be paid immediately to Schwab in order to satisfy your indebtedness to Schwab.

**Section 8: Liquidations.** Whenever it is necessary for our protection or to satisfy a margin deficiency, debit or other obligation owed us, we may (but are not required to) sell, assign and deliver all or any part of the property securing your obligations, or close any or all transactions in your Account. We may choose which property to buy or sell, which transactions to close and the sequence and timing of liquidation. We may take such actions on whatever exchange or market and in whatever manner (including public auction or private sale) that we choose in the exercise of our business judgment. You agree not to hold us liable for the





choice of which property to buy or sell or of which transactions to close or for timing or manner of liquidation.

In certain circumstances we may, at our sole discretion, liquidate your entire margin loan balance to satisfy a margin call. You agree not to hold us liable for taking such action.

We may transfer property from any nonretirement brokerage account in which you have an interest to any other brokerage accounts in which you have an interest regardless of whether there are other Account Holders on either account, if we determine that your obligations are not adequately secured or to satisfy a margin deficiency or other obligation. You agree to pay on demand any account deficiencies after liquidation, whether liquidation is complete or partial.

All of the above may be done without demand for margin or notice of purchase, sale, transfer or cancellation to you. No demand for margin or notice shall impose on Schwab any obligation to make such demand or provide such notice to you in the future. Any such notice or demand is hereby expressly waived, and no specific demand or notice shall invalidate this waiver.

**Section 9: Interest on Debit Balances.** We will charge and compound interest on your debit balances according to our Disclosure of Credit Terms and Policies.

**Section 10: Using the Check & Visa® Platinum Debit Card Features.** If you have requested the check or Visa Debit Card feature through your Account, you authorize checks and Visa Debit Cards to be issued as indicated in your Account Application. You agree that each Account Holder is authorized to write checks and engage in Visa Debit Card transactions, and you understand that if the checking feature is terminated, your Visa Debit Card will be automatically cancelled.

**Section 11: Verification.** You authorize Schwab to inquire from any source, including a consumer reporting agency, as to the identity (as required by law), creditworthiness and ongoing eligibility for the Account of the Account Holders, any other person referred to on this Application, or any person who Schwab is later notified is associated with or has an interest in the Account at Account opening, at any time throughout the life of the Account, and thereafter for debt collection or investigative purposes.

**Section 12: Required Arbitration Disclosures.** Regulatory authorities require that any brokerage agreement containing a predispute arbitration agreement must disclose that this agreement contains a predispute arbitration clause. This Agreement contains a predispute arbitration clause. By signing an arbitration agreement, the parties agree as follows:

- All parties to this Agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.

- Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
- The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
- The arbitrators do not have to explain the reason(s) for their award unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date.
- The arbitrators do not have to explain the reason(s) for their award unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date.
- The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
- The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
- The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this Agreement.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any predispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until:

1. the class certification is denied;
2. the class is decertified; or
3. the customer is excluded from the class by the court.

Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this Agreement except to the extent stated herein.

**Section 13: Arbitration Agreement.** Any controversy or claim arising out of or relating to (i) this Agreement, any other agreement with Schwab, an instruction or authorization provided to Schwab or the breach of any such agreements, instructions, or authorizations; (ii) the Account, any other Schwab account or Services; (iii) transactions in the Account or any other Schwab account; (iv) or in any way arising from the relationship with Schwab, its parent, subsidiaries, affiliates, officers, directors, employees, agents or service providers ("Related Third Parties"), including any controversy over the arbitrability of a dispute, will be settled by arbitration.

This arbitration agreement will be binding upon and inure to the benefit of the parties hereto and their respective representatives, attorneys-

in fact, heirs, successors, assigns and any other persons having or claiming to have a legal or beneficial interest in the Account, including court-appointed trustees and receivers. This arbitration agreement will also inure to the benefit of third-party service providers that assist Schwab in providing Services ("Third-Party Service Providers") and such Third-Party Service Providers are deemed to be third-party beneficiaries of this arbitration agreement.

The parties agree that this arbitration agreement will apply even if the application to open the Account is denied and will survive the closure of your Account and/or the termination of services rendered under this Agreement.

Such arbitration will be conducted by, and according to the securities arbitration rules and regulations then in effect of, the Financial Industry Regulatory Authority (FINRA) or any national securities exchange that provides a forum for the arbitration of disputes, provided that Schwab is a member of such national securities exchange at the time the arbitration is initiated. Any party may initiate arbitration by filing a written claim with FINRA or such eligible national securities exchange. If arbitration before FINRA or an eligible national securities exchange is unavailable or impossible for any reason, then such arbitration will be conducted by, and according to the rules and regulations then in effect of, the American Arbitration Association (AAA). If arbitration before the AAA is unavailable or impossible for any reason, the parties agree to have a court of competent jurisdiction appoint three (3) arbitrators to resolve any and all disputes or controversies between or among the parties. Each party shall bear its own initial arbitration costs, which are determined by the rules and regulations of the arbitration forum. In the event of financial hardship, the arbitration forum may waive certain costs in accordance with such rules. At the conclusion of the hearing, the arbitrators will decide how to assess the costs of the arbitration among the parties.

Any award the arbitrator makes shall be final and binding, and judgment on it may be entered in any court having jurisdiction. This arbitration agreement shall be enforced and interpreted exclusively in accordance with applicable federal laws of the United States, including the Federal Arbitration Act. Any costs, fees or taxes involved in enforcing the award shall be fully assessed against and paid by the party resisting enforcement of said award.

For FINRA arbitrations, FINRA will appoint a single public arbitrator in customer cases decided by one arbitrator. In customer cases decided by three arbitrators, investors have the option of choosing an arbitration panel with two public arbitrators and one non-public arbitrator (Majority-Public Panel Rule) or a panel of all public arbitrators (Optional All-Public Panel Rule). If the customer declines to elect a panel selection method in writing by the applicable deadline, the Majority-Public Panel Rule for selecting arbitrators will apply.



All notices from one party to the other involving arbitration shall be considered to have been fully given when so served, mailed by first-class, certified or registered mail, or otherwise given by other commercially accepted medium of written notification.

In addition to the above provisions, if a party to this Agreement is or becomes a non-U.S. resident at the time of any controversy subject to this arbitration agreement, such party acknowledges and agrees to the following additional provisions:

- (1) The rules of the organization administering the arbitration specifically provide for the formal designation of the place at which the arbitration is to be held.
- (2) Entering into this Agreement constitutes consent to submit to the personal jurisdiction of the courts of the state of California, U.S.A., to interpret or enforce any or all of these arbitration provisions. Judgment on any arbitration award may be entered in any court having jurisdiction, or application may be made to such court for judicial acceptance of the award and an order of enforcement, as the case may be.
- (3) The exclusive language to be used by the parties and the arbitrators in the arbitration proceedings shall be English. Any party wishing an interpreter shall make all arrangements directly with the interpreter and shall assume all costs of the service.
- (4) If a party is a foreign government or state, state-owned or state-operated enterprise or other instrumentality of a foreign government or state, such party waives all rights of sovereign immunity and neither the Federal Act of State doctrine nor the doctrine of sovereign immunity shall apply insofar as any enforcement in courts located in the U.S.A. is concerned.

**Section 14: Electronic Copies.** The electronically stored copy of your (or your agent's) signature, any written instructions or authorizations, the Account Application and the Agreement and Disclosures are considered to be the true, complete, valid, authentic and enforceable record, admissible in judicial, administrative or arbitration proceedings to the same extent as if the documents and records were originally generated and maintained in printed form. You agree to not contest the admissibility or enforceability of Schwab's electronically stored copy of such documents in any proceeding between you and Schwab.

**Section 15: Unclaimed Property.** If no activity occurs in the Account within the time period specified by applicable state law, the Account may be transferred to the appropriate state.

**Section 16: Information About SIPC.** To obtain information about Securities Investor Protection Corporation (SIPC), including an explanatory SIPC brochure, please contact SIPC at [www.sipc.org](http://www.sipc.org) or 1-202-371-8300.

## **Section 17: Impartial Lottery for Securities**

**Subject to Partial Call or Partial Redemption.** If Schwab holds securities for you in street name, in Schwab's name, or in bearer form that are subject to partial call or partial redemption, then in the case of a partial call or partial redemption Schwab will use an impartial lottery system to select the securities to be called or redeemed from among accounts holding those securities. For a description of Schwab's lottery system, please visit [www.schwab.com/PartialCalls](http://www.schwab.com/PartialCalls). If you would like a printed description of Schwab's lottery system mailed to you, please contact a Schwab representative at 1-800-435-4000.

