

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

IA Firm Name (please print): \_\_\_\_\_  
 IA Master Account Number: \_\_\_\_\_ Service Team: \_\_\_\_\_  
 IA Contact Information (if follow-up is required): \_\_\_\_\_

To endorse your securities, please sign and date this form, making sure to sign your name exactly as it appears on your stock certificate.

**1. Seller's Information**

\_\_\_\_\_  
 First Name Middle Last  
 \_\_\_\_\_  
 Account Number

**2. Authorization**

For value received, the undersigned does (do) hereby sell, assign and transfer to Charles Schwab & Co., Inc.:

**IF STOCK, COMPLETE THIS PORTION:**  
 \_\_\_\_\_ shares of \_\_\_\_\_ stock of \_\_\_\_\_ Corporation represented  
 Number of Shares Common, Preferred, Other (Specify) Name of Company  
 by certificate number(s) \_\_\_\_\_ inclusive, standing in the name of the undersigned on the books  
 Certificate Number(s)  
 of said Company.

**IF BOND, COMPLETE THIS PORTION:**  
 \_\_\_\_\_ bonds of \_\_\_\_\_ in the principal amount of  
 Number of Bonds Name of Company  
 \$ \_\_\_\_\_, number(s) \_\_\_\_\_ inclusive, standing in the name  
 Amount Certificate Number(s)  
 of the undersigned on the books of said Company.

The undersigned hereby irrevocably constitutes and appoints Charles Schwab & Co., Inc. as attorney to transfer the said securities, as the case may be, on the books of said Company, with full power of substitution in the premises.

**IF MUTUAL FUND TRANSFER, COMPLETE THIS PORTION: (Attach your most recent Schwab statement.)**  
 \_\_\_\_\_  
 Name of Fund Last Statement Balance Date of Statement  
 \_\_\_\_\_  
 Name(s) on the Account at the Fund Amount Transferred (all, if transferring all shares)  
 \_\_\_\_\_  
 Account Number at the Fund  
 Mutual Fund Distribution Option for Schwab Account (Check one.)  Cash Dividends/Cash Capital Gains  Reinvest Dividends/Reinvest Capital Gains

**3. Authorized Signature(s)**

Signatures must correspond **exactly** with the names written on the face of certificates or bonds. Original signature(s) required.

▶ \_\_\_\_\_ Date \_\_\_\_\_  
 Signature: Certificate Holder Print Name as It Appears on Certificate (mm/dd/yyyy)  
 ▶ \_\_\_\_\_ Date \_\_\_\_\_  
 Signature: Additional Certificate Holder Print Name as It Appears on Certificate (mm/dd/yyyy)

