

www.schwab.com 1-800-435-4000 (inside the U.S.) +1-415-667-8400 (outside the U.S.) 1-877-686-1937 (multilingual services).

Clients of Investment Advisors: Contact your advisor directly or call Schwab Alliance at 1-800-515-2157.

This form is to be used to relinquish ownership and deposit a certificate(s) into a Schwab brokerage account.

(Note: Trust-registered certificates, restricted shares, and OTC/Penny Stocks cannot be deposited into a third-party account.)

Investment Advisor ("IA") Information (If applicable, this section is to be completed by your IA prior to delivering to Schwab.)

IA Firm Name (Please print.)

IA Master Account Number

IA Contact Name

IA Phone Number

1. Schwab Account Information (Complete this section after the registered owner(s)/agent(s) has completed Section 2 below. Each registered owner(s)/agent(s) of the certificate(s) must complete a separate form.)

Account Number

Name(s) on the account as displayed on your statement (Please print.)

2. Registered Owner(s)/Agent(s) (Each registered owner/agent of the certificate(s) must complete a separate form.) **Step 1:** Complete either A or B depending on the ownership indicated on the certificate registration.

A. Non-Entity-Registered Owners (Individual, Joint Tenants, Tenants in Common, etc.)

Ι,	, request that you deposi	t	of
(Registered Name on the Certificate[s])		(Number of Shares/Face Value)	
	into the account referenced	above.	
(Name of Company/Issuer)			
B. Entity-Registered Owners (LLC/LLP, Corporation, E	Estate, etc. Note: Other supportir	g documents may be required for entity-regis	stered ownership.)
I, , am a duly autho	orized agent and warrant that I a	n authorized to sign this Third-Party Release I	Form on behalf of
	and request that you depos	it	of
(Entity Name Registered on the Certificate[s])		(Number of Shares/Face Value)	
	into the account referenced	above.	
(Name of Company/Issuer)			
(Name of Company/Issuer)			

Please complete Steps 2 and 3 on the following page. A Notarized Signature is required.

Step 2: Complete all questions (required for processing). Are you a director, 10% shareholder, or policy-making officer of this company? No Yes What is your relationship with the Schwab account holder(s)?				
Date of Birth (mm/dd/yyyy) Hom	e/Legal Address			
City	State or Province	Country Zip Code		
	tarization. (Required.) Signature must correspond with the alteration. A separate notarized form is required for each re			
×				
Signature: Certificate Owner or Agent		Today's Date (mm/dd/yyyy)		
Print Name				
Please note: This form must be notariz	ed.			
	lic or other officer completing this certificate verifies only th attached, and not the truthfulness, accuracy, or validity of th			
Certificate of Acknowledgment of No	stary Public*			
State of	, in the County of	, <mark>On</mark> (<i>mm/dd/yyyy</i>)		
name(s) is/are subscribed to the with capacity(ies), and that by his/her/the	nally appeared before me and proved to me on the basis of in instrument and acknowledged to me that he/she/they ex ir signature(s) on the instrument, the person(s), or the entity fer PENALTY OF PERJURY that the foregoing paragraph is to	recuted the same in his/her/their authorized y upon behalf of which the person(s) acted,		
×		(NOTARY SEAL)		
Signature: Notary	Today's Date (mm)	(dd/yyyy)		
Print Notary Name	My Commission Expire	s (mm/dd/yyyy)		
*If your state law permits, notaries m	ay attach the appropriate notarizing declaration in lieu of th	is notarization.		