



Contribution Transmittal Form

Schwab.com

1-800-435-4000
(inside the U.S.)

+1-415-667-8400
(outside the U.S.)

1-888-686-6916
(multilingual services)

- Use this form when making contributions to employee (a.k.a. participant)—including business owner—accounts. To allow for timely processing, be sure to complete all requested information. Do not use this form to place trade instructions.
- Make a photocopy of this form for future use, or visit www.schwab.com to download additional copies.
- Use a separate form for each plan year.
- Make your checks payable to Charles Schwab & Co., Inc.

1 Employer Information

Business Name of Employer _____ Federal Tax Identification Number (EIN) _____

Business Street Address _____ City _____ State _____ Zip Code _____

Business Telephone Number _____

Plan/Account Type

Please select only one.

- Schwab Individual 401(k) Schwab Keogh Schwab QRP Money Purchase Schwab QRP Profit Sharing
- Schwab SEP-IRA Schwab SIMPLE IRA (provide Group Master Number) _____
- Company Retirement Account (including Pension Trust)

2 Contribution Information

The contributions listed below should be credited for the following plan year: _____

Employee Name	Employee's Schwab Account Number	Employee's Social Security Number	Elective Deferral Contribution	Employer Contribution	Total Contribution
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

3 Employer Authorization

I authorize and direct Schwab to deposit the dollar amounts as designated above. I understand that it is my responsibility to ensure that the contribution instructions are correct and submitted to Schwab in a timely manner. I agree that Schwab will not be held responsible for delays in depositing contributions if Schwab finds the contribution instructions unclear or incomplete. I indemnify and hold Schwab harmless for any loss, claim, expense or other liability that may arise from Schwab acting upon my instructions and complying with any applicable laws and regulations that require reporting of contributions.

Signature and Date Required

SIGN HERE



Today's Date *mm/dd/yyyy*

Print Name

Title

4 Return Instructions

- **Upload** online with secure messaging (if you are an existing client and have online access to your account).
 1. Go to Schwab.com and log in to your account.
 2. Click the Message Center link (under Service), and then click the Upload Document link.
 3. Upload your form as an attachment by clicking the Add File button.
 4. When your message is complete, click Send.
- **Fax** to 1-888-526-7252.
- **Bring** to your nearest Schwab branch (visit Schwab.com/branch for locations).
- **Mail** to any of the following addresses:

Regular Mail (West)

Charles Schwab & Co., Inc.
 P.O. Box 982600
 El Paso, TX 79998-2600

Regular Mail (East)

Charles Schwab & Co., Inc.
 P.O. Box 628291
 Orlando, FL 32862-8291

Overnight Mail (West)

Charles Schwab & Co., Inc.
 1945 Northwestern Drive
 El Paso, TX 79912

Overnight Mail (East)

Charles Schwab & Co., Inc.
 1958 Summit Park Dr., Ste. 200
 Orlando, FL 32810

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