Contribution Transmittal Form

- Use this form when making contributions to employee (aka 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.
- Mail this form and your check to your nearest Schwab Operations Center using the following addresses:

Charles Schwab & Co., Inc. Charles Schwab & Co., Inc.
P.O. Box 628291 P.O. Box 52114
Orlando, FL 32862-8291 Phoenix, AZ 85072-2114

1. Employer Information

<table>
<thead>
<tr>
<th>Business Name of Employer</th>
<th>Federal Tax Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Street Address</td>
<td>City</td>
</tr>
</tbody>
</table>

Plan/Account Type (choose one only):
- Schwab Individual 401(k)
- Schwab Keogh
- Schwab QRP Money Purchase
- Schwab QRP Profit Sharing
- 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: ____________________.

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Employee's Schwab Account Number</th>
<th>Employee's Social Security Number</th>
<th>Elective Deferral Contribution</th>
<th>Employer Contribution</th>
<th>Total Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Ann Smith</td>
<td>XXXX-XXXX</td>
<td>XXX-XX-XXXX</td>
<td>$250.00</td>
<td>$250.00</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

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 Required
X
Employer or Authorized Representative of Employer

Print Name
Title

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