

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

IA Firm Name (please print): _____
 IA Master Account Number: _____ Service Team: _____

By enrolling in Schwab MoneyLink, you are establishing a standing authorization to request electronic funds transfers between your Schwab account ("Schwab Account") and the account at another financial institution specified below ("Other Account") (collectively, the "Service"). You may also authorize your IA to request such transfers on your behalf by completing Section 3 below; however, please note that you must be an account holder on both accounts to enable your IA to request transfers from the Other Account to your Schwab Account. Please allow three weeks after Schwab receives this form before requesting your first transfer. Generally, two business days are required to complete a transfer. MoneyLink is not available for some account registrations; please contact your IA for more information.

1. Schwab Account Information (Please select all that apply.)

Implement New Instructions Implement Additional Instructions Change Existing Instructions Terminate Existing Instructions

Schwab Account Number: _____

Name(s) on Schwab Account (list all names on the account): _____

2. Other Financial Institution Account Information and Authorization

All owners of the Other Account who are not also holders of the Schwab Account must sign Section 7 below.

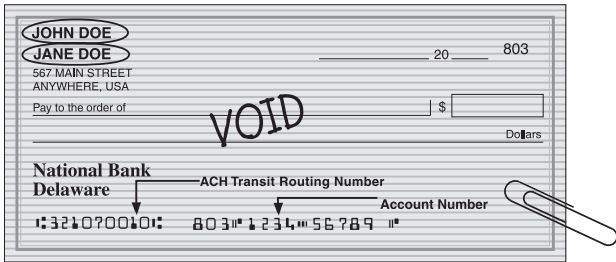
Note: Corporate or organization accounts require authorization signatures from at least two duly appointed authorized agents of the corporation or organization.

Other Account Number: _____

A. Bank/Financial Institution Information

This is a: Personal Checking Account Corporate/Organization Checking Account
 Personal Savings Account Corporate/Organization Savings Account

B. Other Account Verification. A preprinted, cancelled, or voided check is required for processing.



Alternative acceptable documentation for accounts without checks:

- Preprinted deposit slip for a savings account; or
- A letter from your financial institution, signed by an officer, which includes account title, account number, account type and ACH Transit Routing Number.

C. ACH Authorization for Other Account. (Authorizing transfers to and from the Other Account)

By signing Section 7 below, as applicable, I/we, each of the registered holders of the Other Account specified above, authorize Charles Schwab & Co., Inc. ("Schwab") to act upon the instructions of any Schwab Account holder and, if authorized in Section 3 below, the Schwab Account holders' Investment Advisor named above to: (i) initiate credit entries to the Other Account and to credit that account; (ii) initiate debit entries to the Other Account and to debit that account; and (iii) initiate reversals to the Other Account of erroneous or duplicate credit or debit entries and to credit or debit the Other Account as appropriate. I/We agree to jointly and severally indemnify and hold Schwab harmless for any liabilities occurring as a result of Schwab relying on this authorization or instructions given pursuant to it. I/We acknowledge that these transactions shall be governed by the Rules of the National Automated Clearing House Association and other applicable rules or regulations, and agree to abide by such rules. **I/We agree to settle by binding arbitration any dispute involving Schwab which may arise with respect to the MoneyLink Service.** This authorization will remain in full force and effect until Schwab has received notification of its termination, such notice which may be provided by any of the registered holders of the Other Account at any time by writing to Charles Schwab & Co., Inc., MoneyLink Support Services, 101 Montgomery Street, San Francisco, CA 94104 or by calling Schwab Alliance at 1-800-515-2157. I/We acknowledge that Schwab must receive this notification in a time and manner so as to give Schwab and the other financial institution a reasonable opportunity to act on it.

For Charles Schwab Use Only

Account Number _____ Date Approved (mm/dd/yyyy) _____
 Print Name of Approver _____ Signature _____



3. Investment Advisor Authorization

Complete this section to authorize your IA to give Schwab instructions for MoneyLink transactions on your behalf (and on behalf of any other holder[s] of the Other Account).

If more than one person is listed on the Schwab Account, each Schwab Account holder must initial below. (An X is not sufficient.) Only Schwab Account holders, not holders of the Other Account, may initial this authorization.

Acct. Holder/Trustee/
Custodian

Add'l Account Holder/
Co-Trustee

Add'l Account Holder/
Co-Trustee

IA MoneyLink Authorization. I/We authorize Schwab to electronically transfer funds between my Schwab Account and the Other Account specified above as instructed by my IA. My IA's authority includes giving Schwab instructions on my behalf and changing existing instructions for one-time (on-request) transfers, IRA contributions and recurring transfers, stopping transfers, canceling the Service, and re-establishing the Service as it was before cancellation within 60 days of cancellation. My IA's authority does *not* include enrolling other Schwab Accounts or Other Accounts in the Service. The authority I am granting to my IA is subject to the Terms and Conditions of the Service and this Authorization Form. I understand that this authorization only allows my IA to provide MoneyLink instructions between my Schwab Account and Other Account, and does not enable my IA to instruct Schwab to make other types of disbursements from my Schwab Account (for example, wire, journal, or check requests). I understand that I may separately grant my IA that disbursement authority, if I have not previously done so, by completing a Schwab Institutional® Limited Power Of Attorney Form.

4. Recurring Transfers

Complete this section to set up recurring transfers (in addition to on-request transfers) between the Schwab Account and the Other Account.

Choose one: Into my Schwab Account Out of my Schwab Account

Transfer amount \$ _____

Please select one and indicate start date. (Start date must be at least three weeks from the day this form is received by Schwab.)

- Monthly Beginning _____ Semimonthly: 1st Transfer Date _____ 2nd Transfer Date _____
- Quarterly Beginning _____ Last Business Day of Each Month Beginning _____
- Annually Beginning _____ Every _____ Calendar Days (3 to 364) Beginning _____

Please note that transfer requests exceeding \$100,000 may be processed in multiple increments up to the total amount.

5. IRA Contributions

Note: MoneyLink is not available for SEP-IRA, SIMPLE IRA, 403(b)(7), Schwab Individual 401(k), or Qualified Retirement Plan (QRP) accounts. For IRA distributions, please use the Schwab Institutional IRA Distribution Form.

Recurring contribution will begin for the tax year _____.

Your Annual Contribution Limit (up to the maximum amount allowed by law) \$ _____

Schwab will automatically discontinue deposits into your Schwab IRA for a given contribution year when you reach this annual contribution limit. If you do not specify a limit, we will automatically establish your limit up to the maximum amount allowed by law at the time the Service is set up, assuming you are under 50 years of age and your compensation exceeds other limits on your IRA contribution. Your transfer schedule will be reactivated in January of the next contribution year.

6. Please Read

By signing Section 7, I agree that:
I authorize the electronic transfer of funds between my Schwab Account and the Other Account specified above subject to the provisions of this Authorization Form, the Electronic Funds Transfer Terms and Conditions for the Service (which will be mailed to me once this Authorization Form has been processed* and my Schwab One® Account Agreement (collectively, the "Terms and Conditions"), which will govern all transactions initiated under the Service. My use of such Service will confirm that I have received, reviewed, and agreed to be bound by the Terms and Conditions, including, without limit, any amendments, until I (or my IA, if authorized)

cancel the Service in accordance with these Terms and Conditions. Schwab may rely completely on the account numbers specified above and shall have no obligation to verify account registration information. If my Schwab Account is an IRA, I understand that the IA's actions under the authority granted herein may affect my federal income taxes. If my Schwab Account is a custodial account, I acknowledge and agree that any funds or securities transferred out of the Schwab Account shall be used or applied solely for the benefit of the minor. Schwab may also require that I provide appropriate documents to set up MoneyLink for trust, corporate or organization accounts. I understand that certain account types

may require customer service assistance to initiate one-time transfer requests. This Service may be cancelled at any time upon request of any registered holder of the Schwab Account or the Other Account (or by my IA, if authorized above) by writing Charles Schwab & Co., Inc., MoneyLink Support Services, 101 Montgomery Street, San Francisco, CA 94104 or calling Schwab Alliance at 1-800-515-2157, though Schwab reserves the right, at its sole discretion, to require such cancellation requests to be in writing. **Please note that your Account Agreement with Schwab contains a pre-dispute arbitration agreement. You may contact us for a copy.**

*Once you have been enrolled in MoneyLink, you will receive a confirmation letter with Electronic Funds Transfer Terms and Conditions. If you do not receive this information within three weeks, please contact your Investment Advisor.

7. Signature(s) Required

All holders of the Schwab Account must sign Section A and all holders of the Other Account (other than those who are also holders of the Schwab Account) must sign Section B below where indicated.

A. Schwab Account Holders

By signing below, I acknowledge my agreement to all of the terms and conditions contained herein.

▶ _____ Date _____
Schwab Account Holder/Trustee/Custodian (mm/dd/yyyy)

▶ _____ Date _____
Additional Schwab Account Holder/Co-Trustee (mm/dd/yyyy)

▶ _____ Date _____
Additional Schwab Account Holder/Co-Trustee (mm/dd/yyyy)

B. Other Financial Institution Account Holders

By signing below, I acknowledge my agreement with the terms and conditions set forth in Section 2C above.

▶ _____ Date _____
Other Account Holder (mm/dd/yyyy)

▶ _____ Date _____
Additional Other Account Holder (mm/dd/yyyy)

▶ _____ Date _____
Additional Other Account Holder (mm/dd/yyyy)

For Charles Schwab Use Only _____
Account Number

