APPROVED
By Carmella at 11:31 pm, Feb 05, 2023

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www.schwab.com
1-800-435-4000

! Important instructions for completing this form.

The form you requested follows this page. You can either complete it on your computer and then print it out, or print it out first and fill it in by hand.

Follow these easy steps to complete your form:

1. Scroll down and type the requested information in the corresponding field. Name (First) John
   - You can move among the fields by using your mouse or the "Tab" key.
   - If you'd like to clear all the fields you've completed, click the CLEAR button.

2. When you've completed the form, click the PRINT button.
   Please note: Adobe® Acrobat® Reader® does not allow you to save your work. It's very important that you print out your form immediately after completing it.

3. When your form is complete, please review it, sign it and either:
   - Bring it into your nearest Schwab Investor Center
     (Visit schwab.com/branch to find the one nearest you.)
     – or –
   - Mail it to one of the following addresses:

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

Overnight delivery:
Charles Schwab & Co., Inc.
1958 Summit Park Drive, Suite 200
Orlando, FL 32810

Be sure to enclose any accompanying materials with your form (such as a check for an initial deposit to open a new account). Should you have any questions, or need help, just call **1-800-435-4000**.

IRA Beneficiary Form

CLEAR

PRINT

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- Use this form to designate or change beneficiary(ies) to your Schwab IRAs.
- Complete all pages of this form (Sections 1–3).
- Mail this form to the address specified on the cover letter or call 1-800-435-4000 for the correct mailing address.

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1-800-435-4000

1. Account Information Please supply the following information.

Name (First)	(Middle)	(Last)	Your Social Security Number/Tax ID Number
HUCK	John	PHYNN	111-11-1111

Your Schwab IRA Account Number: 245OMG

2. Designate Your Beneficiary(ies).

Primary Beneficiary(ies)*: I designate the following person(s) below as primary beneficiary(ies) to receive payment of the value of my IRA upon my death.

Share %†	Social Security/Tax ID Number		
35	123-45-6789		
Name (First)	(Middle)	(Last)	
Tom	Sawyer	Phynn	
Home Street Address (no P.O. boxes)			
111 Street			
City, State, Zip Code			
Anywhere, USA 11111			
Relationship	Telephone Number	Date of Birth (mm/dd/yyyy)	
son	(111) 111-1111	01/01/1991	
Country(ies) of Citizenship (Must list all.)		Country of Legal Residence	
☑ USA ☐ Other: ____ ☐ Other: ____		☑ USA ☐ Other: ____	

Share %†	Social Security/Tax ID Number		
35	234-56-7890		
Name (First)	(Middle)	(Last)	
Becky	Phynn	Sawyer	
Home Street Address (no P.O. boxes)			
222 Street			
City, State, Zip Code			
Anywhere, USA 11111			
Relationship	Telephone Number	Date of Birth (mm/dd/yyyy)	
daughter	(222) 222-2222	02/20/1993	
Country(ies) of Citizenship (Must list all.)		Country of Legal Residence	
☑ USA ☐ Other: ____ ☐ Other: ____		☑ USA ☐ Other: ____	

Share %†	Social Security/Tax ID Number		
15	456-78-9012		
Name (First)	(Middle)	(Last)	
Mark	Twain	Phynn	
Home Street Address (no P.O. boxes)			
333 Street			
City, State, Zip Code			
Anywhere, USA 33333			
Relationship	Telephone Number	Date of Birth (mm/dd/yyyy)	
grandson	(333) 333-3333	03/03/2013	
Country(ies) of Citizenship (Must list all.)		Country of Legal Residence	
☑ USA ☐ Other: ____ ☐ Other: ____		☑ USA ☐ Other: ____	

Share %†	Social Security/Tax ID Number		
15	567-89-0123		
Name (First)	(Middle)	(Last)	
Samantha	Clemmons	Sawyer	
Home Street Address (no P.O. boxes)			
444 Street			
City, State, Zip Code			
Anywhere, USA 44444			
Relationship	Telephone Number	Date of Birth (mm/dd/yyyy)	
granddaughter	(444) 444-4444	04/04/2014	
Country(ies) of Citizenship (Must list all.)		Country of Legal Residence	
☑ USA ☐ Other: ____ ☐ Other: ____		☑ USA ☐ Other: ____	

Contingent Beneficiary(ies)*: If no primary beneficiary(ies) survives me, I designate that the balance of my IRA be distributed to my contingent beneficiary(ies) below.

Share %†	Social Security/Tax ID Number		
100	678-90-1234		
Name (First)	(Middle)	(Last)	
Carmella	Susan	Iacovetta	
Home Street Address (no P.O. boxes)			
555 Street			
City, State, Zip Code			
Anywhere, USA 55555			
Relationship	Telephone Number	Date of Birth (mm/dd/yyyy)	
friend	(555) 555-5555	05/05/1980	
Country(ies) of Citizenship (Must list all.)		Country of Legal Residence	
☑ USA ☐ Other: ____ ☐ Other: ____		☑ USA ☐ Other: ____	

Share %†	Social Security/Tax ID Number		
Name (First)	(Middle)	(Last)	
Home Street Address (no P.O. boxes)			
City, State, Zip Code			
Relationship	Telephone Number	Date of Birth (mm/dd/yyyy)	
Country(ies) of Citizenship (Must list all.)		Country of Legal Residence	
☐ USA ☐ Other: ____ ☐ Other: ____		☐ USA ☐ Other: ____	

***Note:** If you wish to designate more than four primary or two contingent beneficiaries, attach a separate sheet of paper. Provide all the information above and percentage of IRA for each beneficiary. (Percentages must total 100%.)

†If more than one beneficiary is designated, the percentages must total 100%.

(Continued on next page.)

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3. Read and Sign Below.

I elect that when I die my interest in my Charles Schwab IRA will become the property of:

- The primary beneficiary, if he or she survives; or
- If no primary beneficiary survives, the contingent beneficiary.

If no designated beneficiary survives, or if the custodian cannot locate the beneficiary, then the custodian will distribute the benefits to:

- My estate.

I understand that if I fail to indicate percentage of benefits, Schwab will divide benefits equally among the beneficiaries I designate.

If a primary beneficiary dies before the account holder's date of death and the account holder fails to change his/her beneficiary by submitting a new IRA beneficiary form, each surviving primary beneficiary will receive a share of the total benefits based on the following formula:

$$\text{New Share Percentage (\%) of Benefits} = \frac{\text{Surviving Individual's Original Share Percentage (\%)}}{\text{Total Share Percentage (\%) of All Surviving Primary Beneficiaries}}$$

If a primary beneficiary dies after the account holder's date of death but before receiving his/her percentage (%) share of the IRA, his/her share should be transferred/distributed to his/her estate.

I understand that if any primary or contingent beneficiaries die and I wish to name a new beneficiary, or modify existing beneficiary information, I must complete a new IRA Beneficiary Form.

If a contingent beneficiary dies, surviving contingent beneficiaries will share in the benefits in the same way as described for primary beneficiaries.

I reserve the right to revoke or change this beneficiary designation. I understand that any change or revocation must be given in writing to Charles Schwab.

This designation revokes prior designations (if any) of primary or contingent beneficiaries.

I understand that if Schwab determines that my beneficiary designation is not clear with respect to the amount of the distribution, the date on which the distribution shall be made, or the identity of the party or parties who will receive the distribution, Schwab will have the right, in its sole discretion, to consult counsel and to institute legal proceedings to determine the proper distribution of the account, all at the expense of the account, before distributing or transferring the account.

Signature Required

X Carmella L Iacovetta
Your Signature

PRINT

Date 01/01/2023

FOR CHARLES SCHWAB USE ONLY:													
Branch Office and Account Number			–					–					