Authorization to Pay Fees to Investment Advisors

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A Contact Name (if follow-up is required) IA Telephone Number IA Email Address IA Email Address IA Email Address Investment Schwab & Co., Inc. ("Schwab") to deduct your Investment Advisor's fees from your account as directed by your IA. Account Holder(s) Authorization Count Number Investment Advisor's Firm Name Investment Advisor. Investment Advisor's Firm Name Investment Advisor. Investment Advisor's Firm Name Investment Advisor. Investment Advisor's Firm Name Investment Advisor. Investment Advisor's Firm Name Investment Advisor. Investment Advisor's Firm Name Investment Advisor's Firm		
IA Firm Name (Please print.)		
IA Master Account Number	Service Team	
IA Contact Name (if follow-up is required)	IA Telephone Number	IA Email Address
This authorization directs Charles Schwab & Co., Inc. ("	Schwab") to deduct your Investmen	t Advisor's fees from your account as directed by your IA.
1. Account Holder(s) Authorization		
Account Number		
I have separately authorized	to be	my Investment Advisor.
Investment Ad	visor's Firm Name	•
extent necessary to pay these fees. My IA's fees debited I will indemnify and hold Schwab and its directors, office Schwab may incur by relying upon the representations of This authorization will remain in full force and effect untifacsimile, telegraph, messenger, electronic mail, voice in	I from my account will appear on Scers and employees harmless from a of IA or upon this authorization. Il I have revoked the authorization benail or otherwise; provided, however	chwab's statements of my account. Il liabilities and costs, including attorneys' fees, which y giving notice to Schwab, either by mail, telephone, that Schwab reserves the right to require written notice
×		
Signature: Account Holder		Today's Date (mm/dd/yyyy)
Print Name		
×		
Signature: Additional Account Holder		Today's Date (mm/dd/yyyy)
Print Name		
X		
Signature: Additional Account Holder		Today's Date (mm/dd/yyyy)
Print Name		