

To the Employer:

- Return a photocopy of this form to Charles Schwab & Co., Inc. ("Schwab") when sending contributions made by the Employer.
- Keep the original in your files and send a copy with the contributions.
- This form may be set up as a template in your computer.
- This form must accompany all payments to Charles Schwab & Co., Inc.

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

IA Firm Name (Please print) _____
IA Master Account Number _____ ISG Team _____

Name of Employer (Business Name)

Plan Administrator's Name

Plan Administrator's Telephone Number

Employer's Street Address (no P.O. boxes, please)

City

State

Zip Code

Contribution Year: All contributions will be deposited as current year contributions in the year received.

Contribution Information				
Employee Name	Employee Social Security Number	Employee Schwab SEP-IRA Account Number	Employer Contribution	Total Contribution
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
Total				

▶ _____ Date _____
Employer's Signature (mm/dd/yy)

Print Name

Business Telephone Number

Check Number

For Charles Schwab Use Only

Print Name of Approver

Signature of Approver

Index Code

Account Number

Date (mm/dd/yy)

