

Affidavit of Domicile

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AS YOU'RE FILLING OUT THIS FORM, PLEASE REMEMBER TO:

- Sign the form and ensure that it is notarized.
- See Section 5 for instructions on returning your completed form.

1 TELL US ABOUT THE DECEDENT

Decedent's Account Number(s)

Decedent's Name *Title, First* *Middle* *Last, Suffix*

Date of Decedent's Death *(mm/dd/yyyy)*

Please enter address at time of death. No P.O. boxes. > Decedent's Home/Legal Street Address City State ZIP Code

Did the decedent reside in any other state during the three years leading up to his or her death?

If you select yes, you must list the state(s). > Yes—the state(s) is listed below.

State State State

No

2 TELL US ABOUT YOURSELF (AUTHORIZED REPRESENTATIVE)

We respect your privacy. Schwab may use the information you provide to communicate with you and provide information about products and services. Read about Schwab's privacy policy at www.schwab.com/privacy. As required by federal law, Schwab will use the information provided below to verify your identity.

Name *Title, First* *Middle* *Last, Suffix*

Preferred Phone Number Ext. Alternate Phone Number

No P.O. boxes. > Home/Legal Street Address City State ZIP Code

By providing your email address, you consent to receiving email from Schwab and Schwab Bank. Information about opting out of certain email communications is provided at www.schwab.com/privacy. > Email Address

I am the decedent's:

- Executor/Administrator
- Spouse
- Beneficiary
- Surviving Joint Tenant (of account[s] listed in Section 1)
- Other (Please specify below.)

Please select only one.

AFFIRMATION AND SIGNATURE follows on next page



3 AFFIRMATION AND SIGNATURE

Please read and sign below.

Any and all debts of the deceased, claims against the estate, administration expenses, inheritance and estate taxes, and legacies having priority will be provided for or paid.

This affidavit is made for the purpose of securing the transfer or delivery of property owned at the time of the decedent's death to a purchaser or the person(s) legally entitled thereto under the laws of the state of the decedent's domicile. Any apparent inequity in distribution is appropriate, whether it is due to the manner of distribution of other estate assets, the provisions of the estate plan, or other factors.

I, as the Authorized Representative indicated in Section 2, duly swear or affirm that the information in Sections 1 and 2 is correct and true. I have read carefully and understand the Affirmation on this form.

SIGN HERE



Please sign and date using blue or black ink.

Authorized Representative Signature _____ Today's Date (mm/dd/yyyy) | | | / | | | / 2 | 0 | | |
Print Name Title, First Middle Last, Suffix

4 NOTARIZATION

The Authorized Representative's signature must be notarized.

State of _____, county of _____. On | | | / | | | / 2 | 0 | | |, Today's Date (mm/dd/yyyy)

before me, _____, personally appeared _____, Name and Title of Notarizing Person Name of Authorized Representative

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal:

SIGN HERE



If your state law permits, notaries may attach the appropriate notarizing declaration in lieu of this notarization.

Notary Signature _____
Print Name Title, First Middle Last, Suffix Expiration Date (mm/dd/yyyy) | | | / | | | / 2 | 0 | | |

Notary Seal:

[Empty box for Notary Seal]

5 NEXT STEPS

DID YOU REMEMBER TO:

- Read and complete all sections?
Sign the form and ensure that it was notarized?

Return Instructions > Please return pages 1-2 of this form to your nearest Schwab branch or mail to Charles Schwab & Co., Inc. at any of the following:

- Regular Mail: Charles Schwab & Co., Inc. Attn: IS Document Control P.O. Box 982600 El Paso, TX 79998-2600
Regular Mail: Charles Schwab & Co., Inc. Attn: IS Document Control P.O. Box 628291 Orlando, FL 32862-8291
Overnight Mail: Charles Schwab & Co., Inc. Attn: IS Document Control 1945 Northwestern Drive El Paso, TX 79912
Overnight Mail: Charles Schwab & Co., Inc. Attn: IS Document Control 1958 Summit Park, Ste. 200 Orlando, FL 32810

