

**Employer Instructions**

- Use this form when making contributions to participant—including business owner—accounts. To allow for timely processing, be sure to complete all requested information. Do **not** use this form to place trade instructions.
- Make a photocopy of this form for future use.
- Use a separate form for each plan year.
- Make your checks payable to Charles Schwab & Co., Inc.

**1. Employer Information**

Business Name of Employer \_\_\_\_\_ Federal Tax Identification Number (EIN) \_\_\_\_\_

Business Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

**Plan/Account Type (choose one only)**

- Schwab Individual 401(k)   
  Schwab Keogh   
  Schwab QRP Money Purchase   
  Schwab QRP Profit Sharing   
  Schwab SEP-IRA  
 Schwab SIMPLE IRA (provide Group Master Number) \_\_\_\_\_   
  Company Retirement Account (including Pension Trust)


**2. Contribution Information**

The contributions listed below should be credited for the following plan year: \_\_\_\_\_.

Participant Name	Participant's Schwab Account Number	Participant's Social Security Number	Employer Contribution	Elective Deferral Contribution	Total Contribution
Example: Ann Smith	2345-6789	123-45-6789	\$1,000.00	\$0.00	\$1,000.00
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

**3. Employer Authorization**

I authorize and direct Schwab to deposit the dollar amounts as designated above. I understand that it is my responsibility to ensure that the contribution instructions are correct and submitted to Schwab in a timely manner. I agree that Schwab will not be held responsible for delays in depositing contributions if Schwab finds the contribution instructions unclear or incomplete. I indemnify and hold Schwab harmless for any loss, claim, expense or other liability that may arise from Schwab acting upon my instructions and complying with any applicable laws and regulations that require reporting of contributions.

 \_\_\_\_\_ Date \_\_\_\_\_  
 Signature: Employer or Authorized Representative of Employer (mm/dd/yyyy)

\_\_\_\_\_  
 Print Name Title

*For Charles Schwab Use Only*

\_\_\_\_\_ Date Approved (mm/dd/yyyy)  
 Account Number

\_\_\_\_\_ Signature  
 Print Name of Approver

