Contribution Transmittal Form



· Use this form when making contributions to employee (aka 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.

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• Make a photocopy of this form for future use, or visit www.schwab.com to download additional copies.

• Use a separate form for each plan year.

· Make your checks payable to Charles Schwab & Co., Inc.

· Mail this form and your check to your nearest Schwab Operations Center using the following addresses:

Charles Schwab & Co., Inc.

P.O. Box 628291 Orlando, FL 32862-8291

Employer Information

Charles Schwab & Co., Inc. P.O. Box 52114

Phoenix, AZ 85072-2114

Pusings Name of E				Endoud Ten Id 10	fication Number (EIN)			
Business Name of Employer	: Name of Employer							
Business Street Address	City		State Zip Code	Business Telephor	ne Number			
		()	()					
Plan/Account Type (choose one only) Schwab Individual 401(k)	☐ Schwab Keogh ☐ Schw	wab QRP Money Purchas	e □Schwab QRP P	trofit Charing DC	chwab SEP-IRA			
□ Schwab Individual 40 f(k) □ Schwab SIMPLE IRA (provi	_	wab QRP Money Purchas		ement Account (includ				
- Schwab Shvir LL IRA (provi	de Group Master Number)		_ Groupany Relie	ement Account (includ	illig Felision Tust)			
2. Contribution Informat	ion							
	w should be credited for the f	following plan year:						
Employee Name	Employee's Schwab Account Number	Employee's Social Security Number	Elective Deferral Contribution	Employer Contribution	Total Contribution			
Example:								
Ann Smith	XXXX-XXXX	XXX-XX-XXXX	\$250.00	\$250.00	\$500.00			
			\$	\$	\$			
			\$	\$	\$			
			\$	\$	\$			
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			\$	\$	\$			
			\$	\$	\$			
			\$	\$	\$			

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.

Signature Required	X Employer or Authorized Representative of Employer		Date
	Print Name	Title	

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

