## Third-Party Release



www.schwab.com 1-800-435-4000

- · Complete this form to release securities to a third party.
- $\cdot$  Must be signed by the registered owner(s) on the certificate(s).
- Ensure that the form is notarized.
- If this is for an estate issue, please call 1-800-742-6262.

| I,, request that you place                                                            |                                                                                                                                                                                                            | t you place                            |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| (Registered Name on Certificate)                                                      | ,                                                                                                                                                                                                          | (Number of Shares)                     |
| of (Name of Company)                                                                  |                                                                                                                                                                                                            | into the following account.            |
| Name as It Appears on the Account (print) (First)                                     | (Middle) (Last                                                                                                                                                                                             | :)                                     |
| Home Street Address (no P.O. boxes)                                                   | City, State, Zip Code                                                                                                                                                                                      |                                        |
| Account Number                                                                        |                                                                                                                                                                                                            |                                        |
| You may, for all purposes whatsoever, treat the ac                                    | ccount holder(s) listed above as the sole owner(s) of said secu                                                                                                                                            | urities and proceeds thereof.          |
| Signatures                                                                            |                                                                                                                                                                                                            |                                        |
| Note: Signature(s) must correspond with the name                                      | e(s) written on the face of the certificate(s) or bond(s) in every                                                                                                                                         | particular section without alteration. |
| Signature(s) and Date(s) Requi                                                        | red                                                                                                                                                                                                        |                                        |
| X                                                                                     |                                                                                                                                                                                                            |                                        |
| Account Holder Signature                                                              | Print Name as It Appears on Certificate                                                                                                                                                                    | Date                                   |
| X                                                                                     |                                                                                                                                                                                                            |                                        |
| Additional Account Holder Signature                                                   | Print Name as It Appears on Certificate                                                                                                                                                                    | Date                                   |
| Signatures Must Be Notarized                                                          |                                                                                                                                                                                                            |                                        |
|                                                                                       |                                                                                                                                                                                                            | (NOTARY SEAL)                          |
|                                                                                       | _ , County of                                                                                                                                                                                              | (110 17 1111 02 12)                    |
| On before me,<br>(mm/dd/yyyy) personally appeared                                     |                                                                                                                                                                                                            | ,                                      |
| (mm/dd/yyyy)<br>nersonally appeared                                                   | (Name and Title of the Notarizing Officer)                                                                                                                                                                 |                                        |
| personally appeared                                                                   | (Name of Person[s] Signing Instrument)                                                                                                                                                                     | ,                                      |
| to the within instrument and acknowledged to n                                        | evidence to be the person(s) whose name(s) is/are subscribed the that he/she/they executed the same in his/her/their eir signature(s) on the instrument the person(s), or the entity uted the instrument.* |                                        |
| I certify under PENALTY OF PERJURY under the foregoing paragraph is true and correct. | laws of the State of that the                                                                                                                                                                              |                                        |
| WITNESS my hand and official seal.                                                    |                                                                                                                                                                                                            |                                        |
| Notary Public(Signature of Notarizing Office                                          | Expiration Dateeer) (mm/dd/yyyy)                                                                                                                                                                           |                                        |
|                                                                                       | ppropriate notarizing declaration in lieu of the above.                                                                                                                                                    |                                        |

