New Account Application

For establishing a donor-advised account ("Account") at Schwab Charitable Fund ("the Fund")

SCHWAB CHARITABLE FUND™

Questions or Need Assistance? Call 800.746.6216

Schwab Charitable
211 Main Street
San Francisco, CA 94105
Phone: 800.746.6216
Fax: 877.535.3852
www.schwabcharitable.org

1. CHOOSE ACCOUNT NAME

If you so choose, grant acknowledgement letters sent to charities will reference this name (e.g., "ABC Family Charitable Fund") on the top of the grant letters much like personalized stationery. *Note: **Please use** the word "Fund" or "Account". For legal reasons, **we cannot accept** names with the words "Foundation" or "Trust".*

Account Name *(maximum 75 characters)*

2. PROVIDE DONOR INFORMATION *(Up to four Donors. If necessary, please make a photocopy and attach.)*

Donor #1 *(primary recipient for all Account correspondence)*

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name (First) (Middle) (Last)		Social Security Number	Date of Birth (mm/dd/yyyy)
Home/Legal Street Address (no P.O. boxes)		City, State, Zip Code	
Mailing Address (If different from above: P.O. boxes may be used)		Mailing City State, Zip Code	
Home Telephone Number	Business Telephone Number	Email Address	

☐ If you are web enabled you will receive electronic copies of Grant Award Letters and Quarterly Statements. If you prefer to receive paper letters and statements by mail, check here.

Donor #2 *(optional)*

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name (First) (Middle) (Last)		Social Security Number	Date of Birth (mm/dd/yyyy)
Home/Legal Street Address (no P.O. boxes)		City, State, Zip Code	
Mailing Address (If different from above: P.O. boxes may be used)		Mailing City State, Zip Code	
Home Telephone Number	Business Telephone Number	Email Address	

☐ Check here for Donor #2 to receive copies of all Grant Award Letters, Contribution Receipts, Quarterly Statements and Annual Summary Letters.

☐ If you are web enabled you will receive electronic copies of Grant Award Letters and Quarterly Statements. If you prefer to receive paper letters and statements by mail, check here.

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3. PROVIDE NOMINATOR INFORMATION

Provide Nominator Information *(optional, up to two)*

Donors may wish to select up to two individuals (such as investment advisors, CPAs, or family members) as Nominators. Each Nominator may recommend grants, and recommend a portfolio allocation independent of the Donor. Please refer to the Program Policies (at www.schwabcharitable.org) for more information.

Note: If you wish to open a Professionally-Managed Account*, please provide the recommended advisor's information in Section 5B; Professionally-Managed Accounts may not have the advisor serve as a Nominator.

* Donors with Accounts over $250,000 have the ability to recommend an investment advisor to manage the assets in their Account. See the Program Policies for more information.

Nominator #1 *(Complete **EITHER** the company information **OR** individual information as applicable.)*

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name (First) (Middle) (Last)		Social Security Number	Date of Birth (mm/dd/yyyy)
Company Name (if applicable)		Tax ID Number	
Home/Legal Street Address (no P.O. boxes)		City, State, Zip Code	
Mailing Address (If different from above: P.O. boxes may be used)		Mailing City State, Zip Code	
Home Telephone Number	Business Telephone Number	Email Address	

Please check all boxes that apply.

A) ☐ For Nominator #1 to receive copies of all Grant Award Letters, Contribution Receipts, Quarterly Statements and Annual Summary Letters.
☐ If you are web enabled you will receive electronic copies of Grant Award Letters and Quarterly Statements. If you prefer to receive paper letters and statements by mail, check here.

B) ☐ Nominator #1 is an investment advisor, CPA or other professional:
☐ that I have designated on my Charles Schwab & Co., Inc. account(s). Advisor's Master Account Number(s):† ___________________________
☐ that is not designated on my Charles Schwab & Co., Inc. account(s).

C) ☐ Only link Account to Advisor's Master Account with no Nominator privileges. Advisor's Master Account Number(s):† _________________________

Nominator #2 *(Complete **EITHER** the company information **OR** individual information as applicable.)*

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name (First) (Middle) (Last)		Social Security Number	Date of Birth (mm/dd/yyyy)
Company Name (if applicable)		Tax ID Number	
Home/Legal Street Address (no P.O. boxes)		City, State, Zip Code	
Mailing Address (If different from above: P.O. boxes may be used)		Mailing City State, Zip Code	
Home Telephone Number	Business Telephone Number	Email Address	

Please check all boxes that apply.

A) ☐ For Nominator #2 to receive copies of all Grant Award Letters, Contribution Receipts, Quarterly Statements and Annual Summary Letters.
☐ If you are web enabled you will receive electronic copies of Grant Award Letters and Quarterly Statements. If you prefer to receive paper letters and statements by mail, check here.

B) ☐ Nominator #2 is an investment advisor, CPA or other professional:
☐ that I have designated on my Charles Schwab & Co., Inc. account(s). Advisor's Master Account Number(s):† ___________________________
☐ that is not designated on my Charles Schwab & Co., Inc. account(s).

C) ☐ Only link Account to Advisor's Master Account with no Nominator privileges. Advisor's Master Account Number(s):† _________________________

† Only for advisors working with *charles* Schwab Advisor Services™.

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4. DESIGNATE SUCCESSOR-ADVISOR(S)/BENEFICIARY(IES)

Donors have the option of (A) naming individuals to succeed them as Donors on the Account, (B) nominating charitable organizations to receive the remaining assets, and/or (C) enrolling in the Charitable Legacy Program upon the death, incapacity, refusal to serve, or other disqualification of ALL Donors of the Account.§ Please review our Program Policies for more information.

Choose Option A, B, and/or C. If you do not make a selection, the assets in the Account will be transferred to the Philanthropy Fund for disbursement in accordance with its grantmaking policies. This selection can be changed during the lifetime of the Donor(s) via the *Update Donor-Advised Account Information* form.

Total allocations for this section must add up to 100%. Note that Option C and the allocation total continue on the next page.

Option A

Name Individual(s) as Successor-Advisor(s) *(up to four, if necessary please make a photocopy and attach)*

_____%

Successor Donor-Advisor #1

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name (First) (Middle) (Last)		Social Security Number	Date of Birth (mm/dd/yyyy)
Mailing Address		City, State, Zip Code	
Home Telephone Number	Business Telephone Number	Relationship to Donor	

Successor Donor-Advisor #2

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name (First) (Middle) (Last)		Social Security Number	Date of Birth (mm/dd/yyyy)
Mailing Address		City, State, Zip Code	
Home Telephone Number	Business Telephone Number	Relationship to Donor	

Select one of the following options to determine how Successor(s) may become Successor Donor-Advisor(s):

☐ Successor(s) named above succeed(s) to the Account with full privileges as Donor-Advisor(s)

☐ Successor #1 named above succeeds to the Account with full privileges as Donor-Advisor(s). Successor #2 (and other named Successors as applicable) is a Contingent Successor, and succeeds to the account only upon the death, incapacity, refusal to serve, or other disqualification of Successor #1 (and other named Successors as applicable).

AND/OR:

Option B

Recommend Charitable Organization(s) as Beneficiary(ies) *(Up to six, if necessary, please make a photocopy and attach)*

_____%

Beneficiary Charitable Organization #1

Organization Name	Federal Tax ID Number (if known)	Telephone Number
Mailing Address (P.O. box may be used)	City, State, Zip Code	

_____%

Beneficiary Charitable Organization #2

Organization Name	Federal Tax ID Number (if known)	Telephone Number
Mailing Address (P.O. box may be used)	City, State, Zip Code	

CONTINUE WITH OPTION C ON NEXT PAGE

§ All recommendations of charitable beneficiaries and charitable recipients in the Charitable Legacy Program are subject to the approval of the Fund, in its complete discretion, at the time the recommendation would otherwise take effect.

AND/OR:

Option C

Recommend the Charitable Legacy Program *(up to six recommended beneficiaries, if necessary please make a photocopy and attach).*

Please complete all of the fields below.

Account Name: You may select a New Account name that will go into affect at the time of activation. (For example, donors may wish to name the Account in memory of themselves i.e. "John Smith Memorial Fund").

Distribution Options: Please select a Term of years and a Total Annual Distribution*. (i.e. Selecting a Term of 10 years with a Total Annual Distribution of 8% means that for 10 years, on an annual basis we will calculate 8% of the Account value and use that amount to fund the annual (or semi-annual) grants to the charitable beneficiaries described below).

Beneficiary Organizations: Please complete as much information as possible regarding each Charitable Beneficiary. Please select the precent of the Total Annual Distribution that should go to each Charitable Beneficiary. (i.e. If you list two beneficiary organizations, you can recommend that one charity receive 70% and the other charity receive 30% of the Total Annual Distribution).

The minimum balance to be eligible for the program at the time of activation is $100,000.
For Professionally Managed Accounts, the minimum balance is $250,000.

_____%

New Account Name:

Distribution Options: *(Please choose a Term AND a Total Annual Distribution Percentage)*

Term: Issue grants for a term of _______ years. (minimum of 5 years)	**TOTAL Annual Distribution Percentage***: (minimum 5%) _____%

Beneficiary Charitable Organization #1

Organization Name	Federal Tax ID Number (if known)	Telephone Number
Mailing Address (P.O. box may be used)	City, State, Zip Code	
Frequency: ☐ Semi-Annual (grants will go out in March and September) ☐ Annual: Select one ☐ March or ☐ September	_____% % of Total Annual Distribution for Charitable Organization #1	
Acknowledgement: ☐ Anonymous ☐ Special Account Name		

Beneficiary Charitable Organization #2

Organization Name	Federal Tax ID Number (if known)	Telephone Number
Mailing Address (P.O. box may be used)	City, State, Zip Code	
Frequency: ☐ Semi-Annual (grants will go out in March and September) ☐ Annual: Select one ☐ March or ☐ September	_____% % of Total Annual Distribution for Charitable Organization #2	
Acknowledgement: ☐ Anonymous ☐ Special Account Name		

100% **Total Succession Plan allocations must total 100%**

§ All recommendations of charitable beneficiaries and charitable recipients in the Charitable Legacy Program are subject to the approval of the Fund, in its complete discretion, at the time the recommendation would otherwise take effect.
*Account Balances are calculated as of December 31st of the calendar year prior to distribution.

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5. RECOMMEND INVESTMENTS

Recommend a portfolio allocation *(option A)*, OR recommend a participating investment advisor for active portfolio management *(option B)*.

A. Standard Donor-Advised Account (Investment Pools)

Please read the *Investment Options and Pricing and Account Minimums* information online at www.schwabcharitable.org before recommending a portfolio allocation.

If you do not indicate a portfolio allocation, the Fund will allocate your contributions 100% to the Money Market Pool.

If you would like help go to *www.schwabcharitable.org/investment-allocation-survey* to complete our quick questionnaire or view a list of suggested investment allocation strategies.

Note: Administrative Fees are charged directly to the investment pools each quarter. Go to www.schwabcharitable.org for updated fee schedule. You may recommend a change in the portfolio allocation at any time online at www.schwabcharitable.org or by completing the *Update Donor-Advised Account Information* form.

INDIVIDUAL INVESTMENT POOLS	% OF TOTAL *(whole numbers only)*
Money Market Pool	______
Income Pool	______
Treasury Inflation Protected Securities (TIPS) Pool	______
Large Cap Equity Index Pool	______
Large Cap Equity Managed Pool	______
Socially Responsible Pool	______
Small Cap Equity Pool	______
International Equity Index Pool	______
International Equity Managed Pool	______
ASSET ALLOCATION POOLS	
Conservative Pool	______
Balanced Pool	______
Growth Pool	______
	Total Must Equal 100%

OR:

B. Professionally-Managed Account

This feature is available only through investment advisors working with *charles* Schwab Advisor Services™, a division of Charles Schwab & Co., Inc. While Donors recommend an Advisor, the Fund retains Advisors at its discretion. All Advisors are subject to oversight by the Fund, must meet certain eligibility requirements and adhere to the Fund's fee and investment guidelines.

Recommend an Investment Advisor for your Account
Important: Minimum balance of $250,000 required

Advisory Firm Name	Contact Person	Direct Phone Line
Federal Tax ID Number (if known)	Master Account Number	
Mailing Address	City, State, Zip Code	
Telephone Number	Email Address	

Note: For Professionally-Managed Accounts, a Money Market Fund will be added so that money set aside for near-term granting will be invested but is available to be promptly liquidated for granting.

OPTIONAL: Double Give Microfinance Guarantee Program ("the Program")

You may recommend that up to 10% of your Donor-Advised Account balance be used to help guarantee microfinance loans in the developing world while it remains invested for potential growth and future granting. For more information, visit our website or call a Donor Relations Specialist at 800-746-6216. Please carefully review the Program Description before enrolling.

☐ Yes, I would like to participate and certify that I have read and agree with the terms of the Program as provided in Section 11B of this form. Enter the desired amount of your recommended participation commitment (not to exceed 10% of your Account balance): $__________

☐ Yes, I am interested and would like to learn more. Please send me additional: ☐ Electronic information ☐ Printed information

☐ No, I am not interested at this time.

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6. CONTRIBUTE TO A DONOR-ADVISED ACCOUNT

Contributions to your Account can include marketable securities, including mutual funds and cash. Initial contributions must be in the amount of $5,000 or more, with subsequent contributions at a minimum of $500. All contributions are irrevocable, and are generally eligible for tax deduction.*

Please identify the Donor of contributions to ensure that each Donor receives an appropriate acknowledgement for tax purposes. If contributions are being made by multiple Donors, please make a photocopy of this form and clearly indicate which assets are contributed by which Donor.

Please select the type of contribution(s) you would like to make and complete the sections indicated:

☐ **Transfer of assets from a Charles Schwab & Co., Inc. account:** Complete Sections 7 and 11

☐ **Check, money order or wire transfer:** Complete Sections 8 and 11

☐ **Security certificates held in personal possession:** Complete Sections 9 and 11

☐ **Restricted stock or other assets:** Please call 800-746-6216 for instructions

☐ **Transfer of assets held at financial institutions other than Charles Schwab & Co., Inc.:** Complete Sections 10 and 11

* Individual circumstances can vary. Please consult your tax advisor regarding your specific situation. Contributions from private foundations or existing donor-advised funds are not deductible.

7. TRANSFER OF ASSETS FROM A CHARLES SCHWAB & CO., INC. ACCOUNT

Schwab Account Number**	Name(s) on Account

** If you are transferring assets from multiple Schwab accounts, make a photocopy and attach. We will contact you with your new Account number, so that you may initiate the transfer of assets to your new Account.

SPECIFY ASSETS

☐ Cash contribution: $______________

☐ Stocks, bonds, mutual funds or other assets: *(Use the table below only for specifying stocks, bonds, mutual funds or other assets)*

Description of Assets/Name of Security	Symbol (if applicable)	Number of Shares or "All" †† (mandatory)	Approximate $ Value	Cost Basis (Optional)***	
				Purchase Date	Purchase Price
			Total		

†† **Number of shares must be specified.** The Fund will transfer assets based on the number of shares, not the approximate $ value since security values may fluctuate.

*** Shares will be contributed based on a Schwab client's current cost basis method unless otherwise specified with a given purchase date and cost.

Also complete Section 11 before mailing.

8. CONTRIBUTION BY CHECK, MONEY ORDER OR WIRE TRANSFER

☐ Check or money order enclosed for $______________ **(Make payable to Schwab Charitable Fund)**	☐ Wire: $______________________ Note: We will contact you with your new Donor-Advised Account number, so that you may initiate the transfer of assets. Wire transfer instructions are on page 8.

Also complete Section 11 before mailing.

9. TRANSFER SECURITY CERTIFICATES HELD IN PERSONAL POSSESSION

Please have all registered owners of the donated assets endorse each certificate by writing "Schwab Charitable Fund" between the words "appoint" and "attorney" in the space provided on the back of the certificate. All registered owners must sign and date each certificate exactly as their name appears on the face of the certificate. **As instructed on the certificate, notarize or obtain a signature guarantee on the back of each security certificate as well. Please note that securities must be marketable and that in most cases penny stock certificates are not acceptable.**

SPECIFY SECURITIES

Name of Security	Symbol (if applicable)	Number of Shares	Approximate $ Value
			Total

Note: If you are sending security certificates, we suggest that you send them with this form via registered, certified or overnight mail, and request a return receipt.

Also complete Section 11 before mailing.

10. TRANSFER OF ASSETS FROM FINANCIAL INSTITUTIONS OTHER THAN CHARLES SCHWAB & CO., INC.

Important: Check only ONE of the instruction boxes below, and follow the specified instructions.

☐ **I will initiate the transfer of assets by:**	OR	☐ **I hereby instruct Schwab Charitable Fund to initiate the transfer of assets by:**
• Contacting my financial institution directly to request the required procedures and forms and providing them the delivery instructions in Section 13. Note: We will contact you with your new Donor-Advised Account number. **And** • Completing Sections 10 and 11 of this form *(you will need a separate form for each transfer from separate financial institutions).* **And** • Sending the signed form to Schwab Charitable Fund.		• Completing Sections 10 and 11 of this form. **And** • Sending the signed form to Schwab Charitable Fund for each transfer requested. Note: Depending on the type of securities and how quickly the securities are transferred by the financial institution currently holding your investments, a typical transfer initiated by Schwab Charitable Fund will take approximately three weeks. **And** • ***Attaching a copy of my most recent statement for each account from which I am transferring.***

To

Donor-Advised Account Number (not applicable to new Accounts)	Name(s) on Account

From

Account Number	Name(s) on Account
Name of Firm Holding Assets	Firm Telephone Number
Firm Mailing Address	City, State, Zip Code

SPECIFY ASSETS

☐ Cash contribution: $______________

☐ Stocks, bonds, mutual funds or other assets:

Description of Assets/Name of Security	Symbol (if applicable)	Number of Shares or "All" †† (mandatory)	Approximate $ Value
			Total

†† **Number of shares must be specified.** The Fund will transfer assets based on the number of shares, not the approximate $ value since security values may fluctuate.

For delivery instructions see Section 13.

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11. AGREE TO TERMS

A. General Terms

I hereby request that Schwab Charitable Fund (the "Fund") open a Donor-Advised Account ("Account") which will constitute a donor-advised account of the Fund. I have read and agree to be bound by the terms of the Fund's Program Policies, as applicable (the "Program Policies") as currently in effect and as amended from time to time. I will notify the Fund if I do not understand the Program Policies, which are available online at www.schwabcharitable.org/program-policies, and by mail from the Fund.

This also serves as my written authorization to irrevocably transfer ownership of the assets specified in Sections 7, 8, 9 or 10 of this form (including restricted stock) to the Fund. I understand that any contribution, once accepted by the Fund, represents an *irrevocable contribution* to the Fund and is not refundable to me for any reason. [Note: For assets held in a joint account, a registered owner of the donated assets must provide a signature, and is acting on behalf of all the registered owners of the assets. For assets held in other types of accounts, all registered owners must provide a signature. If you are donating security certificates held in personal possession, signature(s) must correspond with the name(s) written on the face of the certificate(s) or bond(s) in every particular without alteration.]

I understand that I may make recommendations concerning the investments in the Account, as well as recommending grants to charitable organizations from the Account. While the Fund will give careful and thoughtful consideration to all such recommendations, I understand that final decisions concerning the investment of Account assets and all grants from the Account will be made by the Fund. *I further understand that no recommended grants from the Account may be used to discharge or satisfy a charitable pledge or obligation that is legally enforceable against me or any other person, or to pay for goods or services of value or any other private benefit received by me or any other person affiliated with me.*§§

I understand that while I may recommend an Investment Advisor for a Professionally-Managed Account, the Advisor must be *approved and appointed by the Fund.* The Fund reserves the *right to terminate* the Advisor at any time. Investment Advisors for Professionally-Managed Accounts may not be named as Nominators for those Accounts, but they may receive copies of all Account correspondence and statements.

If I am making a contribution close to year-end, I understand that, for tax purposes, the effective date of my contribution could be deemed to occur in the next calendar year.##

I understand that if there is more than one Donor on the Account, each Donor has authority, acting individually and without notice to any other Account Donor, to deal with the Fund as fully and completely as if the Donor were the sole Account Donor and may make any changes to the Account (except to remove other Account Donors).

I hereby certify that, to the best of my knowledge, all information represented in connection with this application is accurate, and I will promptly notify Schwab Charitable Fund in writing of any changes.

Schwab Charitable Fund is a 501(c)(3) public charity.

B. Agree to Double Give Microfinance Guarantee Program Terms

(For Donors recommending participation in Section 5)

I/we have received and reviewed the Program Description (available at www.schwabcharitable.org) and understand the objectives of the Program and the manner in which it will be operated.

I/we understand the total commitment of my/our participation in this Program cannot represent more than 10% of the value of my/our Donor-Advised Account with Schwab Charitable Fund (minimum balance of $5,000 or more). I/we further understand that an additional amount equaling 25% of my/our participation commitment will be restricted from grant making during the commitment period.

I/we understand the commitment period is through May 27, 2014. The commitment period will commence immediately. Upon the expiration of the commitment period, any funds remaining from the recommended commitment that have not been used to satisfy Schwab Charitable's guarantee obligations under the Program will become available for grant recommendations from my/our Donor-Advised Account.

I/we will be able to continue recommending the investment of the recommended participation commitment as permitted under Schwab Charitable's general program guidelines and generate returns for that capital for future grant recommendations; however, I/we understand that Schwab Charitable does not provide any additional return for participating in the Program.

In the event of a capital call (please see the Program Description for a full explanation of what events would result in a capital call) by the Grameen Foundation, Schwab Charitable's partner in this phase of the Guarantee Program, each participating Donor-Advised Account will share proportionally in exposure, which will never exceed the commitment. A capital call will result in an "automatic" transfer or grant from the Donor-Advised Account for an amount equal to the proportionate share of the losses attributable to the recommended participation commitment, either (1) as a grant to the Grameen Foundation, a U.S. Section 501(c)(3) public charity or (2) to otherwise satisfy Schwab Charitable's Guarantee obligations in connection with the Program. In that event those funds would no longer be available for me/us to make grant recommendations to other charities.

SIGNATURES REQUIRED *All Donors of the Account must sign below:*

X Donor #1 Signature	Date	X Donor #2 Signature	Date
X Donor #3 Signature	Date	X Donor #4 Signature	Date

§§ "Persons affiliated with me" includes your spouse, parents, children, grandchildren, great grandchildren, brothers and sisters, as well as spouses of your children, grandchildren, great grandchildren, brothers, and sisters.

See *Section 3.7* of the *Program Policies* for important information regarding contributions made close to year-end when a deduction is desired in the same calendar year.

FOR CHARLES SCHWAB & CO., INC. USE ONLY:			
Branch Office and Account Number	– –		
Approved by	Print Name of Approver	Date Approved	Indexing Code

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12. SURVEY

Please tell us how you first heard about Schwab Charitable Fund *(If multiple sources, please check the one that had the biggest impact on your decision):*

☐ A friend or associate

☐ A Schwab representative

☐ An investment advisor

☐ An attorney, a CPA or other financial professional

☐ Mailed solicitation *(month/year received):* ______ /______

☐ Advertisement seen/heard *(name of publication/station):* _____

____

☐ Web *(name of site):* ______________________________

☐ Other: ______________________________________

____

13. DELIVERY INSTRUCTIONS

Please send us your signed application, via mail or overnight delivery or fax.

New Account Form

When your form is complete, please review it, sign it and send it via mail or overnight delivery to:

Schwab Charitable Fund
211 Main Street
San Francisco, CA 94105

OR

Fax to 877.535.3852

Fax delivery can be accepted for Accounts funded with wire transfers and transfer of assets from a Charles Schwab & Co., Inc account. In case of fax delivery, **PLEASE RETAIN THE ORIGINAL FOR YOUR FILES**.

Delivery Instructions

If transferring assets from a financial institution other than Charles Schwab & Co., Inc., the financial institution will need these delivery instructions to make the contribution.

All deliveries MUST include the Donor's name and the Donor-Advised Account number.

Wire Transfer Instructions
Wire to: Citibank N.A.
111 Wall Street
New York, NY 10005
800-627-3999
ABA#: 021000089
FBO: Charles Schwab & Co., Inc.

Citibank Account: 40553953

Donor-Advised Account Number: ______________________
Donor Name: ______________________________

Forward Checks and Physical Delivery of Securities:
Schwab Charitable Fund
211 Main Street
San Francisco, CA 94105

All DTC-Eligible Securities (e.g., Stocks)
Deliver to DTC Clearing 0164, Code 40
Tax ID #: 31-1640316

Fed Book-entry Securities (e.g., Treasury Notes)
JPM CHASE/CCC
ABA#: 021000021
Charles Schwab A/C G69873
FFC: Donor-Advised Account Number: ________________

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