

Investment Advisor "IA" Information (This portion to be completed by IA.)

IA Firm Name (please print): _____
 IA Master Account Number _____ Service Team _____

To the Employer:

- Return a photocopy of this form to Charles Schwab & Co., Inc. ("Schwab") when sending contributions made by the Employer and contributions from Employee deferrals.
- **Be sure to provide us with the Schwab SIMPLE IRA Master account number and the Employee's Schwab SIMPLE IRA account number(s) for timely processing.**
- Keep the original in your files.
- This form must accompany all payments to Schwab. Make check payable to Charles Schwab & Co., Inc.

1. Employer Information (required)

Name of Employer (Business Name) _____ Schwab SIMPLE IRA Master Account Number _____
 Plan Administrator's Name _____ Plan Administrator's Telephone Number _____
 Employer's Street Address (no P.O. boxes, please) _____ City _____ State _____ Zip Code _____

2. Contribution Information (required)

Employee's Schwab SIMPLE IRA Account Number (Required. Please write "new account" if attaching an Account Application.)	Employee's Name	Employee's Social Security Number	Employee Salary Deferral	Employer Contribution	Total Contribution
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Totals			\$	\$	\$
Check Total (To ensure timely processing, the Total Contribution amount must match the amount of your enclosed check.)					\$

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 clear, complete, 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, incomplete or incorrect. 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: Employer or Authorized Representative of Employer _____ Print Name and Title _____ Date _____ (mm/dd/yyyy)

