

7. Directions for Distribution(s) of Assets to Minor Beneficiaries

Please Check One:

- A. ☒ None of my designated beneficiaries is a minor.
- B. ☐ Please transfer any minor's assets to a Custodial account at Charles Schwab & Co., Inc. (and Charles Schwab Bank, SSB, if a Schwab One® Brokerage account is linked to a High Yield Investor Checking account), managed by the custodian(s) designated below. In each instance that the assets pass to the designated custodian as the custodian for the designated minor, the assets shall be transferred under the Uniform Transfers to Minors Act ("UTMA") or the Uniform Gifts to Minors Act ("UGMA") or any other similar statute in effect as specified below.
- C. ☐ I understand and accept that a court-appointed guardian may have to be appointed to manage the minor's assets under ongoing court supervision if I do not check "B" above.

If you have selected "B," please list the custodian for each minor beneficiary.

_____ Name First	_____ Middle	_____ Last	_____ As custodian for (name of minor beneficiary)
_____ Name First	_____ Middle	_____ Last	_____ As custodian for (name of minor beneficiary)
_____ Name First	_____ Middle	_____ Last	_____ As custodian for (name of minor beneficiary)
_____ Name First	_____ Middle	_____ Last	_____ As custodian for (name of minor beneficiary)

8. Account Holder Authorization

By signing below, I/we request Charles Schwab & Co., Inc. to accept the beneficiary(ies) and/or Authorized Party for my/our accounts, as specified on this agreement (or to revoke an existing Plan, if that box is checked in Section 1 of this agreement). I/we acknowledge that I/we have read and agree to the Designated Beneficiary Plan Terms of Agreement with Charles Schwab & Co., Inc.

High Yield Investor Checking Account: If I/we have provided an account number for a High Yield Investor Checking account in Section 2 of this agreement (or checked the box indicating a new High Yield Investor Checking account), I/we additionally request Charles Schwab Bank, SSB to accept the beneficiary(ies) and/or Authorized Party for my/our High Yield Investor Checking account as specified on this agreement (or to revoke an existing Plan, if that box is checked in Section 1 of this agreement). I/we acknowledge that I/we have read and agree to the Terms of Agreement With Charles Schwab Bank, SSB for the Designated Beneficiary Plan—High Yield Investor Checking Account. I/we acknowledge that I/we have received a copy of these agreement(s).

All account holders must sign.

X Claude Simon

Account Holder Signature

8/31/2022
Today's Date (mm/dd/yyyy)

Claude Simon

Print Name

X

Additional Account Holder Signature

Today's Date (mm/dd/yyyy)

Print Name

X

Additional Account Holder Signature

Today's Date (mm/dd/yyyy)

Print Name

