

## Third-Party Release Form

www.schwab.com | 1-800-435-4000 (inside the U.S.) | +1-415-667-8400 (outside the U.S.) | 1-888-686-6916 (multilingual services) Clients of independent investment advisors, contact your advisor directly or Schwab Alliance at 1-800-515-2157.

This form is to be used to relinquish ownership and deposit a certificate(s) into a Schwab brokerage account.

(Note: Trust-registered certificates, restricted shares, and penny stocks cannot be deposited into a third-party account.)

| Investment Advisor ("IA") II   | nformation (If applicab     | le, this section to be          | completed by your IA prior                                | to delivering to     | Schwab.)                    |
|--|-----------------------------|---------------------------------|---|----------------------|-----------------------------|
| IA Firm Name (please print):   |                             |                                 | IA Master Account:  |                      |                             |
|  |                             |                                 |   |                      |                             |
| 1. Schwab Account Holder   | r: Complete this sectio     | n after the registered          | d owner(s)/agent(s) has cor                               | npleted section      | n 2 below.                  |
| Schwab Account Number  | Account Regis               | tration                         |   |                      |                             |
| 2. Registered Owner(s)/Ag  | gent(s): Each registere     | d owner/agent of the            | certificate(s) must comple                                | te a separate        | form.                       |
| Step 1: Complete either A or   | B depending on the owner    | ership indicated on the         | certificate registration.                                 |                      |                             |
| A. Non-Entity-Registered Own   | · –                         |                                 | _   |                      |                             |
|  | , request                   | that you denosit                | of  |                      |                             |
| (Registered Name on the Certificate[s  |                             | (Number o                       | f Shares/Face Value)                                      | (Name of Company/Is  | ssuer)                      |
| into the account referenced abov   | e.                          |                                 |   |                      |                             |
| B. Entity-Registered Owners (I   | LLC/LLP, Corporation, Es    | tate, etc. <b>Note:</b> Other s | upporting documents may be                                | required for enti    | ty-registered ownership.)   |
| l,   | , am a d                    | uly authorized agent and w      | varrant that I am authorized to sign                      | n this Third-Party R | elease Form on behalf of    |
|  | and request the             | at you deposit                  | of of   |                      |                             |
| (Entity Name Registered on the Certifica                                       |                             | (Number of Sh                   | nares/Face Value) (N                                      | Name of Company/Iss  | uer)                        |
| into the account referenced abov   | e.                          |                                 |   |                      |                             |
| Step 2: Complete all question  | ns (required for processing | ıg).                            |   |                      |                             |
| Are you a director, 10% shareholder, or policy-making officer of this company? |                             | h the Schwab account Why are    | e you relinquishing ownership of this ce                  | rtificate?           |                             |
| Yes No D   |                             |                                 |   |                      |                             |
| Date of Birth (mm/dd/yyyy) Home/Lo   | egal Address                | City                            | State/Province  | Country              | Zip Code                    |
| Step 3: Provide signature, da  | ate and notarization. (Rec  | <b>quired.)</b> Signature must  | correspond with the owner lis                             | sted on the face     | of the certificate(s) or    |
| supporting documentation, w  | vithout alteration. A sepa  | rate notarized form is r        | equired for each registered ov                            | wner/agent.          |                             |
|  |                             |                                 |   |                      |                             |
|  |                             |                                 |   | Г                    | )ate                        |
| Signature of Certificate Owner o   | or Agent                    | Print individual name           | e listed on the certificate(s)/supporting                 | ng document(s)       | (mm/dd/yyyy)                |
| Notice to CA Residents: A n to which this certificate is at                    |                             |                                 | ficate verifies only the identity idity of that document. | of the individual    | who signed the document     |
| Certificate of Acknowledg  | ment of Notary Public       | *                               |   |                      |                             |
| State of, in the County of On  |                             |                                 |   |                      | n, (mm/dd/yyyy)             |
| the above-named individual(s   | s) personally appeared be   | fore me and proved to n         | ne on the basis of satisfactory                           | evidence to be t     |                             |
| is/are subscribed to the withi   | in instrument and acknow    | /ledged to me that he/s         | he/they executed the same in                              | his/her/their au     | thorized capacity(ies), and |
| , , ,  | * *                         |                                 | ty upon behalf of which the per                           | rson(s) acted, ex    |                             |
| I certify under PENALTY OF P   | ERJURY that the foregoin    | g paragraph is true and         | i correct.  |                      | (NOTARY SEAL)               |
| Notary Signature   |                             |                                 | Today's Date (mm/dd/yyyy)                                 |                      |                             |
| ,  |                             |                                 | , (,, ,,,,,,  |                      |                             |
| Print Notary Name  |                             |                                 | My Commission Expires (mm/d                               | ld/yyyy)             |                             |
| *If your state law permits, no   | otaries may attach the apr  | oropriate notarizing decl       | aration in lieu of this notarizat                         | ion.                 |                             |