

Name (First)

For international clients: www.schwab-global.com chinese.schwab.com +1-415-667-8400

# Important instructions for completing this form

The form you requested follows this page. You can either complete it on your computer and then print it out, or print it out first and fill it in by hand. Please complete the form in English.

## Follow these easy steps to complete your form:

- 1. Scroll down and type the requested information in the corresponding field. John
  - You can move among the fields by using your mouse or the "Tab" key.
  - If you'd like to clear all the fields you've completed, click the **CLEAR** button.
- **2.** When you've completed the form, click the **PRINT** button.

Please note: Adobe<sup>®</sup> Reader<sup>®</sup> does not allow you to save your work. It's very important that you print out your form immediately after completing it.

3. When your form is complete, please review, sign and mail it to one of the following addresses:

**Standard U.S. mail:** Attn: International Operations Charles Schwab & Co., Inc. P.O. Box 2912 Phoenix, AZ 85062-2912 USA International mail/overnight delivery: Attn: International Operations Charles Schwab & Co., Inc. 2423 E. Lincoln Drive Phoenix, AZ 85016-1215 USA

Be sure to enclose any accompanying materials with your form (such as a check for an initial deposit to open a new account). Should you have any questions or need help, just call **1-877-686-1937** (inside the U.S.) or **+1-415-667-8400** (outside the U.S.).

# Schwab One International<sup>®</sup> Corporate Account Application Addendum





www.schwab-global.com 1-877-686-1937 (inside the U.S.) +1-415-667-8400 (outside the U.S.) Page 1 of 3

Please use this addendum for one of these two purposes: (1) to include additional directors,
executive officers and beneficial owners; and/or (2) to provide information regarding related entities

Name of Organization				
Jurisdiction of Incorporation				
Legal Address (no P.O. boxes)	City	State or Province	Country	Postal or Zip Code

# **1.** Additional Directors, Executive Officers and Beneficial Owners

Use this form to include additional persons as directors, executive officers and beneficial owners of the corporation listed above. Fill in the boxes below for additional persons.

1	Director
I	Name (First)

Name (First)		(Middle)		(L	_ast/Surname)			
Home Street Addre	ess (no P.O. boxe	es)						
City		State or Province	C	ountry	Postal or Zip Code			
Country(ies) of Citiz	zenship (Must lis	st all.)		Countr	y of Legal (Physical) Residence			
USA Other:	[	Other:		USA Other:				
U.S. Social Security	//Tax ID No. (if a	pplicable)						
Passport Number		Place of Issuance			Expiration Date (dd/mm/yyyy)			
	Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?							
No Yes (If "yes," you must attach a letter from your employer approving the establishment of your account when submitting this application.)								
Are you a director, 1	LO% shareholder	or policy-making offic	er	of a pub	blicly held company?			
No Yes	(If "yes," enter	company name						
	and trading syr	nbol		.)				

#### Director

Executive Officer

Name (First)		(Middle)	(L	_ast/Surname)				
Home Street Addre	ess (no P.O. boxe	es)						
City		State or Province (	Country	Postal or Zip Code				
Country(ies) of Citizenship (Must list all.) USA Other: Other: USA Other:								
U.S. Social Security	U.S. Social Security/Tax ID No. (if applicable)							
Passport Number		Place of Issuance		Expiration Date (dd/mm/yyyy)				
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? No Yes (If "yes," you must attach a letter from your employer approving the establish- ment of your account when submitting this application.)								
Are you a director, 10% shareholder or policy-making officer of a publicly held company?           No         Yes         (If "yes," enter company name								

#### **Executive Officer**

Name (First)	(Middle)	(	Last/Surname)						
Home Street Address	(no P.O. boxes)								
City	State or Province	Country	Postal or Zip Code						
Country(ies) of Citize	nship (Must list all.)	Country of Legal (Physical) Residence							
U.S. Social Security/	U.S. Social Security/Tax ID No. (if applicable)								
Passport Number	Place of Issuance		Expiration Date (dd/mm/yyyy)						
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?									
Are you a director, 10% shareholder or policy-making officer of a publicly held company?           No         Yes         (If "yes," enter company name									

Name (First)	(Middle)	(	Last/Surname)		
Home Street Address (r	no P.O. boxes)				
City	State or Province	Country	Postal or Zip Code		
Country(ies) of Citizensl	· · · /		ry of Legal (Physical) Residence		
USA Other:	Other:	] Other: USA 🗍 0			
U.S. Social Security/Tax	ID No. (if applicable)				
Passport Number	Place of Issuance		Expiration Date (dd/mm/yyyy)		
Are you affiliated with or or a municipal securities	employed by a stock exchange or i s broker-dealer?	nember	firm of an exchange or FINRA,		
	yes," you must attach a letter from nt of your account when submitting	-			
Are you a director, 10%	shareholder or policy-making officer	of a pul	blicly held company?		
□No □Yes (If "	yes," enter company name				
and	l trading symbol	)			

FOR CHARLES SCHWAB USE ONLY:													
Branch Office and Account Number			—										



#### 1. Additional Directors, Executive Officers and Beneficial Owners (Continued)

#### Shareholder/Beneficial Owner

Shareholder/Beneficial 0	wner			Shareholder/Beneficial Owner						
Name (First)	(Middle) (Last/Surname)		Name (First)		(Middle)		(Last/Surname)			
Home Street Address (no P.O. boy	(es)			Home Street Address	(no P.O. boxe	es)				
City	State or Province	Country	Postal or Zip Code	City		State or Province	Country	Postal or Zip Code		
Country(ies) of Citizenship (Must I	ist all.)	Country	of Legal (Physical) Residence	Country(ies) of Citizenship (Must list all.) Country of Legal (Physical) Residence						
USA Other:	Other:	USA	Other:	USA Other:	USA Other: Other:			A 🗌 Other:		
U.S. Social Security/Tax ID No. (if	applicable)		U.S. Social Security/Tax ID No. (if applicable)							
Passport Number	Place of Issuance		Expiration Date (dd/mm/yyyy)	Passport Number		Place of Issuance		Expiration Date (dd/mm/yyyy)		

Please submit additional copies of this form if there are additional beneficial ownership interests. The corporation is required to give immediate notice to Schwab of any change in beneficial ownership interest.

#### 2. Add Related Entity

Use this form to provide information regarding a corporation or other entity that is itself a director, executive officer or beneficial owner of the corporation opening the account.

Name of Organization
Relation to Organization Opening Account
Director
Executive Officer
Beneficial Owner (e.g., shareholder/member)
Jurisdiction of Incorporation
Legal Address (no P.O. boxes)

For adding an entity, please provide the same "proof of identity of corporation" and "proof of identity of relevant individuals" documents for the Related Entity that are required of the corporation opening the account (as listed on the Schwab One International® Corporate Account Instructions). Then fill in the boxes below for the directors, executive officers and beneficial owners of the Related Entity.

Director				Director				
Name (First)	(Middle)	(Las	st/Surname)	Name (First)	(Middle)	(L	.ast/Surname)	
Home Street Address (n	o P.O. boxes)			Home Street Address (r	no P.O. boxes)			
City	State or Province	Country	Postal or Zip Code	City	State or Province	Country	Postal or Zip Code	
Country(ies) of Citizensh	ip (Must list all.)	Country o	of Legal (Physical) Residence	Country(ies) of Citizensl	nip (Must list all.)	Countr	y of Legal (Physical) Residence	
USA Other:	Other:	USA	Other:	USA Other:	Other:	_ 🗆 us	A 🗌 Other:	
U.S. Social Security/Tax	ID No. (if applicable)			U.S. Social Security/Tax	ID No. (if applicable)	ľ		
Passport Number	Place of Issuance	E	xpiration Date (dd/mm/yyyy)	Passport Number	Place of Issuance		Expiration Date (dd/mm/yyyy)	
Are you affiliated with or or a municipal securities	employed by a stock exchange or broker-dealer?	member firi	m of an exchange or FINRA,	Are you affiliated with or or a municipal securities	employed by a stock exchange o s broker-dealer?	r member	firm of an exchange or FINRA,	
	yes," you must attach a letter fron nt of your account when submitting			No Yes (If "yes," you must attach a letter from your employer approving the estab ment of your account when submitting this application.)				
Are you a director, 10% s	shareholder or policy-making office	r of a public	ly held company?	Are you a director, 10% shareholder or policy-making officer of a publicly held company?				
No Yes (If "	yes," enter company name			No Yes (If "yes," enter company name				
and	trading symbol	)		and	I trading symbol	)		



(Last/Surname)

### 2. Add Related Entity (Continued)

Shareholder/Beneficial Owner

#### **Executive Officer**

Name (First)	(Middle)	(Last/Surname)						
Home Street Address (no P.O. box	es)							
City	State or Province C	Country Postal	or Zip Code					
Country(ies) of Citizenship (Must li	st all.)	Country of Legal (Physica	al) Residence					
USA 🗌 Other:	Other:	USA Other:	A 🗌 Other:					
U.S. Social Security/Tax ID No. (if a	applicable)							
Passport Number	Place of Issuance	Expiration Date (c	ld/mm/yyyy)					
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?								
□ No □ Yes (If "yes," you must attach a letter from your employer approving the establishment of your account when submitting this application.)								
Are you a director, 10% shareholde	r or policy-making officer	of a publicly held company	/?					
No Yes (If "yes," enter	company name							
and trading sy	mbol	)						

#### Home Street Address (no P.O. boxes) City State or Province Country Postal or Zip Code Country(ies) of Citizenship (Must list all.) Country of Legal (Physical) Residence USA Other: Other: USA Other: U.S. Social Security/Tax ID No. (if applicable) Passport Number Place of Issuance Expiration Date (dd/mm/yyyy) Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? No $\square$ Yes (If "yes," you must attach a letter from your employer approving the established ment of your account when submitting this application.) Are you a director, 10% shareholder or policy-making officer of a publicly held company? 🗌 No Yes (If "yes," enter company name and trading symbol .)

(Middle)

#### Shareholder/Beneficial Owner

Executive Officer
Name (First)

Name (First)	(Middle)	(Last/Surname)			
Home Street Address (no P.O. box	es)				
City	State or Province	Country	Postal or Zip Code		
Country(ies) of Citizenship (Must li	Country of Legal (Physical) Residence				
USA Other:	Other:	_ 🗆 us	A Other:		
U.S. Social Security/Tax ID No. (if a	applicable)				
Passport Number	Place of Issuance		Expiration Date (dd/mm/yyyy)		

Name (First)	(Middle)	(Last/S	(Last/Surname)		
Home Street Address (no	P.O. boxes)				
City	State or Province	Country	Postal or Zip Code		
Country(ies) of Citizenship		Country of Legal (Physical) Resident			
U.S. Social Security/Tax II	D No. (if applicable)				
Passport Number	Place of Issuance	Expir	ation Date (dd/mm/yyyy)		

FOR CHARLES SCHWAB USE ONLY:													
Branch Office and Account Number								—					

