

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.

Name (First)

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® Reader® 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.).

**Process By
Schwab Int'l
Operations Only**

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

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CS16339-31 (0508-6334) APP41282-04 (03/12)

APP41282-04 01

1. Additional Directors, Executive Officers and Beneficial Owners (Continued)**Shareholder/Beneficial Owner**

Name (First)		(Middle)	(Last/Surname)
Home Street Address (no P.O. boxes)			
City	State or Province	Country	Postal or Zip Code
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		Country of Legal (Physical) Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
U.S. Social Security/Tax ID No. (if applicable)			
Passport Number	Place of Issuance	Expiration Date (dd/mm/yyyy)	

Shareholder/Beneficial Owner

Name (First)		(Middle)	(Last/Surname)
Home Street Address (no P.O. boxes)			
City	State or Province	Country	Postal or Zip Code
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		Country of Legal (Physical) Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
U.S. Social Security/Tax ID No. (if applicable)			
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

Name (First)		(Middle)	(Last/Surname)
Home Street Address (no P.O. boxes)			
City	State or Province	Country	Postal or Zip Code
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		Country of Legal (Physical) Residence <input type="checkbox"/> USA <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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% shareholder or policy-making officer of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)			

Director

Name (First)		(Middle)	(Last/Surname)
Home Street Address (no P.O. boxes)			
City	State or Province	Country	Postal or Zip Code
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		Country of Legal (Physical) Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
U.S. Social Security/Tax ID No. (if applicable)			
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Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)			



2. Add Related Entity (Continued)

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 Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		Country of Legal (Physical) Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____
U.S. Social Security/Tax ID No. (if applicable)		
Passport Number	Place of Issuance	Expiration Date (dd/mm/yyyy)
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Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)		

Shareholder/Beneficial Owner

Name (First)		(Middle)		(Last/Surname)	
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	
<input type="checkbox"/> USA <input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____		<input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
U.S. Social Security/Tax ID No. (if applicable)					
Passport Number		Place of Issuance		Expiration Date (dd/mm/yyyy)	

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 Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		Country of Legal (Physical) Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____
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Shareholder/Beneficial Owner

Name (First)		(Middle)	(Last/Surname)	
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City		State or Province	Country	Postal or Zip Code
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____			Country of Legal (Physical) Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
U.S. Social Security/Tax ID No. (if applicable)				
Passport Number		Place of Issuance		Expiration Date (dd/mm/yyyy)

FOR CHARLES SCHWAB USE ONLY:

Branch Office and Account Number			—				—			
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