

Plan Sponsor's Declaration Regarding Indemnification of Custodian and Identity of Trustee(s)

charles SCHWAB

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This form is to be used to change/add Trustees on an existing account. If the Plan has an active MoneyLink instruction, an updated MoneyLink application with the current Trustee signature (voided check not required) is necessary.

1. Business and Plan Information

Plan Account Number									
Plan Name (as it appears on the account)					Plan Tax ID Number				
Plan Sponsor Business Name									
Mailing Address (no P.O. boxes)					City			State	Zip Code

2. Change of Trustee Information

(a) **Removal.** (A new Plan application is not required for removal only.) The following individuals have been **removed** as Trustee(s) or Co-Trustee(s) of the Plan, effective on the date(s) shown. If the Plan utilizes the Schwab One® option, an Update Your Schwab One Checking Account form with the current Trustee signature is required.

Print Name (First) (Middle) (Last)			Removal Date
Mother's Maiden Name	Date of Birth (mm/dd/yyyy)	Social Security Number	
Print Name (First) (Middle) (Last)			Removal Date
Mother's Maiden Name	Date of Birth (mm/dd/yyyy)	Social Security Number	
Print Name (First) (Middle) (Last)			Removal Date
Mother's Maiden Name	Date of Birth (mm/dd/yyyy)	Social Security Number	
Print Name (First) (Middle) (Last)			Removal Date
Mother's Maiden Name	Date of Birth (mm/dd/yyyy)	Social Security Number	

(b) **Newly Appointed.** The following list of Trustee(s) or Co-Trustee(s) are newly appointed members. If there are more than four members, please attach an additional list.

Print Name (First) (Middle) (Last)		
Mother's Maiden Name	Date of Birth (mm/dd/yyyy)	Social Security Number
Print Name (First) (Middle) (Last)		
Mother's Maiden Name	Date of Birth (mm/dd/yyyy)	Social Security Number
Print Name (First) (Middle) (Last)		
Mother's Maiden Name	Date of Birth (mm/dd/yyyy)	Social Security Number
Print Name (First) (Middle) (Last)		
Mother's Maiden Name	Date of Birth (mm/dd/yyyy)	Social Security Number

FOR CHARLES SCHWAB USE ONLY:									
Account Number									



3. Indemnification

The Plan Sponsor agrees to indemnify, defend and hold harmless Charles Schwab & Co., Inc. ("Schwab"), its affiliates and their directors, officers, employees, agents and assigns from and against all claims, actions, judgments, settlement amounts, costs and liabilities, including, but not limited to, attorneys' fees, costs, penalties, taxes and interest, arising out of or relating to their reliance on this **Plan Sponsor's Declaration Regarding Indemnification of Custodian and Identity of Trustee(s)** and the information provided and declarations made herein.

The Plan Sponsor acknowledges and agrees that Schwab shall have no liability with respect to the matters addressed herein and is solely relying on the direction of the Plan Sponsor in making the changes referenced above.

The Plan Sponsor acknowledges and confirms that with respect to the matter described in Section 2: (i) it has had the opportunity to consult with its legal counsel, (ii) Schwab has not provided legal or tax advice, and (iii) Schwab is acting solely on the direction of the Plan Sponsor.

4. Declaration/Authorized Signature

I declare under penalty of perjury under applicable law that:

- The statements in items (a) and (b) of Section 2 are true, correct and complete;
- The appointment and/or removal of Trustee(s) and/or Co-Trustee(s) reported in items (a) and (b) of Section 2 were duly accomplished in accordance with applicable law, the Plan Sponsor's resolutions, bylaws and/or partnership agreement (if applicable), other governing authority or instruments (as applicable), and the terms of the Plan's governing document(s), including any trust agreement; and
- I have the legal authority and am authorized by the Plan Sponsor to execute this Declaration and Indemnification on its behalf and have executed this document in such capacity and not individually.

Signature(s) and Date(s) Required

X Authorized Signature	Print Name	Date
X Authorized Signature	Print Name	Date
X Authorized Signature	Print Name	Date
X Authorized Signature	Print Name	Date

5. Schwab One® Signature Card (if plan is enabled with Schwab One checking ability)

Authorized Signature(s) and Date(s) Required

X Trustee/Custodian Signature	Print Name	Date
X Co-Trustee/Custodian Signature	Print Name	Date
X Co-Trustee/Custodian Signature	Print Name	Date
X Co-Trustee/Custodian Signature	Print Name	Date

Signature and Date Required

X Independent Recordkeeper Signature (must be an officer of this firm)	Print Name	Date
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