



Open a Schwab IRA

Schwab.com

1-800-435-4000
(inside the U.S.)

+1-415-667-8400
(outside the U.S.)

1-888-686-6916
(multilingual services)

We're here to help.

Welcome to Charles Schwab.

- Use this form to open an IRA, a SEP-IRA, or a SIMPLE IRA.
- If you are opening an IRA, return the form to Schwab. If you are opening a SEP- or SIMPLE IRA, return the form to your employer.
- For details about small business retirement plans such as SIMPLE (Savings Incentive Match Plan for Employees) IRAs and SEP- (Simplified Employee Pension) IRAs, go to Schwab.com.
- SEP- and SIMPLE IRA employers: Attach your Adoption Agreement or IRS Form 5305-SEP and your Employer's Agreement with Schwab and return them to Schwab along with this application. The Schwab employer agreement is required prior to opening the account.

Please Remember To:

You'll find instructions on how to fill out this form in this column.

- Select the type of account in Section 1.
- Enclose a check or money order (\$1,000 minimum) or choose another funding option in Section 4.
- Complete, sign, and date the form using blue or black ink.

1 Select the Type of Account

Check only one box. If you are self-employed and establishing a SEP- or SIMPLE IRA, check the employer box.

<p>IRA</p> <p><input type="checkbox"/> Traditional IRA</p> <p><input type="checkbox"/> Roth Contributory IRA</p> <p><input type="checkbox"/> Rollover IRA</p>	<p>SEP-IRA</p> <p>Schwab SEP-IRA</p> <p><input type="checkbox"/> I am the employer</p> <p><input checked="" type="checkbox"/> I am an employee</p> <p>IRS 5305-SEP</p> <p><input type="checkbox"/> I am the employer</p> <p><input type="checkbox"/> I am an employee</p>	<p>SIMPLE IRA</p> <p><input type="checkbox"/> I am the employer</p> <p><input type="checkbox"/> I am an employee</p> <p>_____</p> <p>Employer's Group ID Number</p>
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2 Tell Us About Yourself

We respect your privacy and will only use the information you provide to open and service your account(s), communicate with you, and provide information about products and services. Read about Schwab's privacy policy at schwab.com/privacy.

Schwab is required by federal law to collect information about all account holders, including Social Security number, mother's maiden name, ID type and number, and other financial details, to verify their identity.

Account Holder

Megan	Ann	Hinch
Name Title, First	Middle	Last, Suffix
Are you known by any other name? Please specify.		538846079
		Social Security Number/Tax ID Number

For Charles Schwab use only:

Account No.

Branch Office



2. Tell Us About Yourself (Continued)

Regulations require that you provide us with your legal address. No P.O. boxes, please.

> 1924 SW 156th St
Home/Legal Street Address
 Burien WA 98166
City State Zip Code

Include if different from home address. P.O. boxes may be used here.

> _____
Mailing Address

City State Zip Code

By providing your email address, you consent to receiving email from Schwab and Schwab Bank. To set your email preferences, visit schwab.com/privacy.

_____-_____-_____-_____-_____-_____-
Home Phone Work Phone Ext
 206-890-1495
Cell Phone
 megshinch@hotmail.com Raab
Email Address Mother's Maiden Name

11/19/1979
Date of Birth (mm/dd/yyyy)

Please list all.

Country(ies) of Citizenship:
 USA Other(s) _____

Country of Legal Residence:
 USA Other _____

Check only one box and provide the relevant information. For driver's licenses and government-issued IDs, list the state. For passports, list the country.

ID Type and Number:
 Driver's License HINCHMA216QR
ID Number
 Passport WA
Where Issued
 U.S. Government-issued ID 11/19/2018
Expiration Date (mm/dd/yyyy)

Please check only one. Securities industry regulations require that we collect this information.

> **Employment Status:**
 Employed Homemaker
 Self-Employed Student
 Retired Not Employed

Employer Name/Business Name



2. Tell Us About Yourself (Continued)

If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.

Occupation

- Business Owner/Self-Employed
- Executive/Senior Management
- Medical Professional
- Legal Professional
- Accounting Professional
- Financial Services/Banking Professional
- Information Technology Professional
- Other Professional
- U.S. Government Employee (Federal/State/Local)
- Foreign Government Employee (Non-U.S.)
- Military
- Educator
- Clerical/Administrative Services
- Trade/Service Career (Labor/Manufacturing/Production)
- Sales/Marketing
- Consultant
- Other: _____
Please specify.

1414 NW 70th St
Business Street Address
 Seattle WA 98117
City State Zip Code

→ The next two questions are required.

Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?

If **yes**, you must attach a letter from your employer approving the establishment of your account when submitting this form.

- Yes
- No

Are you a director, 10% shareholder, or policy-making officer of a publicly held company?

If **yes**, please list all companies and trading symbols below.

- Yes
- No

Company Name	Trading Symbol

Current Marital Status:

- Single
- Married
- Divorced
- Widowed

2

Number of Dependents

Investment Experience:

- None
- Limited
- Good
- Extensive

Annual Income:

- Under \$15,000
 - \$15,000-\$24,999
 - \$25,000-\$49,999
 - \$50,000-\$99,999
 - \$100,000 or more: _____
\$
- Please specify amount.**

Liquid Net Worth:

- Under \$25,000
 - \$25,000-\$49,999
 - \$50,000-\$99,999
 - \$100,000-\$249,999
 - \$250,000 or more: _____
\$
- Please specify amount.**



2. Tell Us About Yourself (Continued)

Overall Investment Objective of Account:

Check all boxes that apply.

- Capital Preservation.** You aim to minimize the potential of losing your initial investment.
- Income.** You aim to continue the level of your current income while recognizing and accepting the risks of income-generating investments.
- Growth.** You aim to increase the value of your investment over time while accepting price fluctuations and volatility.
- Speculation.** You are willing to assume a higher risk of loss in exchange for potentially higher returns.

3

Review Your Account Features

Your Consent to Enroll in Schwab's Cash Features Program

The Cash Features Program is the service that we provide that permits the uninvested cash or "free credit balance" in your brokerage account to earn income while you decide how those funds should be invested. The attached Cash Features Program General Terms and Conditions will inform you of the general terms and conditions of the products available through our Cash Features Program.

By signing this Application, you consent to having the free credit balances in your brokerage account included in the Cash Features Program. You understand that the Schwab Bank Sweep feature will be automatically included on your account. You also understand that if you would prefer the Money Fund Sweep feature and your account is eligible for your preferred feature, you may change your cash feature selection by contacting Schwab after your account is opened.

You acknowledge receipt of the Cash Features Program General Terms and Conditions that is attached to this Application. You understand that the Cash Features Program and the individual products are governed by the Schwab IRA and ESA Account Agreement and acknowledge that additional information is available within the Cash Features Disclosure Statement for Individual Investors. You understand and agree that Schwab may upon 30 days' advance written notice (1) make changes to the terms and conditions of the Cash Features Program; (2) make changes to the terms and conditions of a product currently available through the Cash Features Program; or (3) move your free credit balances from one product to another product available under the Cash Features Program.

Paperless Document Enrollment

Here's how paperless works: You will receive account statements, trade confirmations, shareholder materials, account agreements and related disclosures, and other regulatory documents, if available in paperless form, by email. For certain documents, including account statements, you will receive an email notification with a link to log on to our secure website to access your documents. For complete information, please see Important Information About Your Informed Consent to Receive Paperless Documents in the Appendix to this application.

To opt for Paperless Documents, simply provide your email address in Section 2. The completion of your enrollment will depend on one of the following scenarios.

Scenario 1:

If you already have an account enrolled in Paperless Documents using the email address provided in Section 2, have logged on to Schwab.com in the past six months, and agree to the following, your paperless enrollment will be complete once your account is opened.

- I have read and understood the Important Information About Your Informed Consent to Receive Paperless Documents in the Appendix to this application and consent to enrolling this account in Paperless Documents.
- I understand that I will receive an email with my new account agreement and related disclosures.

Or

Scenario 2:

If you do not have an existing account enrolled in Paperless Documents, are using a different email address, or have not logged on to Schwab.com in the past six months, we will send you an email after the account is opened. To complete enrollment, you will need to click the "I Consent" button in that email and/or follow the instructions to access Schwab.com. If you do not click the "I Consent" button, this account will not be enrolled in Paperless Documents and we will send your account agreement and related disclosures, as well as future regulatory documents, by postal mail.

If you do not want to participate in Paperless Documents, please check the box below.

- No, do not enroll my account in Paperless Documents. Please send my regulatory documents via postal mail.



4 Choose How to Fund Your Account

If you are opening a SEP- or SIMPLE IRA, skip to Section 5. Check A, B, C, D, or E.

- A. Check or Money Order.** Make payable to Charles Schwab & Co., Inc.
 - New Contribution.** Indicate the year for which you are contributing on the front of the check. If no year is indicated, the contribution will be credited for the current year.
 - Rollover.** Roll over assets from another IRA or eligible Qualified Retirement Plan that you have withdrawn in the past 60 days.
- B. Direct Deposit or Schwab MoneyLink®.** Transfer minimum of \$100 per month.
- C. Transfer of Account.** Complete and attach a Schwab Transfer Your Account form.
- D. Spousal Transfer.** Transfer assets from an IRA that was inherited from your spouse.
- E. Direct Rollover Conversion.** Roll over assets from a Schwab Qualified Retirement Plan (e.g., Schwab Individual 401(k), 403(b)(7), QRP, or Keogh) to a Schwab Roth IRA.

Complete and attach the appropriate Schwab Qualified Retirement Plan distribution form.

-
Schwab Qualified Retirement Plan Account Number

5 Designate Your Beneficiary(ies)

If you wish to indicate per stirpes distribution for your beneficiary(ies), please skip this section. Instead, complete and submit the Schwab Beneficiary Designation Form along with this application.

You can download the form at Schwab.com or call us to request a copy.

The share percentage for the primary beneficiary(ies) and the share percentage for the contingent beneficiary(ies) must each add up to 100%.

In the event of my death, pay the full value of my account (in equal proportions in the case of multiple beneficiaries unless I indicate otherwise) to the primary beneficiary(ies) as designated below. I understand that if a primary beneficiary predeceases me, the remaining portion will be divided proportionately among any surviving primary beneficiaries in the manner provided in the Charles Schwab & Co., Inc. Individual Retirement Plan.

If all of my primary beneficiaries predecease me, pay the full value of my account (in equal proportions in the case of multiple beneficiaries unless I indicate otherwise) to the contingent beneficiary(ies) as designated below. I understand that if a contingent beneficiary predeceases me, the remaining portion will be divided proportionately among any surviving contingent beneficiaries in the manner provided in the Charles Schwab & Co., Inc. Individual Retirement Plan.

If I do not designate a beneficiary or if all of my beneficiaries predecease me, pay the full value of my account to my estate.

I understand that I may change or revoke this designation at any time by completing a new IRA Beneficiary Form, which will become effective after Schwab confirms its receipt.

If I live in a state with community property statutes and do not designate my spouse as the sole primary beneficiary, I represent and warrant that my spouse has consented to such designation.

I understand that if Schwab determines that my beneficiary designation is not clear with respect to the amount of the distribution, the date on which the distribution shall be made, or the identity of the party or parties who will receive the distribution, Schwab will have the right, in its sole discretion, to consult counsel and to institute legal proceedings to determine the proper distribution of the account, all at the expense of the account, before distributing or transferring the account.

I hereby designate the individual(s) or entity(ies) below as my beneficiary(ies):

Type of beneficiary:

Primary **Contingent**

Share % **Name**
 / /
Social Security Number **Date of Birth (mm/dd/yyyy)**

Home/Legal Address
 - -
Contact Phone **Email Address**



5. Designate Your Beneficiary(ies) (Continued)

Type of beneficiary:

Primary

Contingent

Share %

Name

Social Security Number

/ / Date of Birth (mm/dd/yyyy)

Home/Legal Address

- - Contact Phone

Email Address

Type of beneficiary:

Primary

Contingent

Share %

Name

Social Security Number

/ / Date of Birth (mm/dd/yyyy)

Home/Legal Address

- - Contact Phone

Email Address

Type of beneficiary:

Primary

Contingent

Share %

Name

Social Security Number

/ / Date of Birth (mm/dd/yyyy)

Home/Legal Address

- - Contact Phone

Email Address

Type of beneficiary:

Primary

Contingent

Share %

Name

Social Security Number

/ / Date of Birth (mm/dd/yyyy)

Home/Legal Address

- - Contact Phone

Email Address



6

Enter Your Offer or Referral Code, If Any

This section is optional.

Offer/Referral Code

Offer/Referral Code

Offer/Referral Code

Terms and conditions may apply. Any taxes related to an offer are your responsibility. You should consult with your tax or legal advisor regarding any tax implications and the appropriate tax treatment of an offer. For more information regarding an offer, please call 1-866-469-7017.

7

Sign Your Account Authorization

By signing this Application, you hereby adopt the applicable Individual Retirement Plan that names Charles Schwab & Co., Inc. as custodian of this account, as further explained in the Charles Schwab & Co., Inc. Individual Retirement Plan or the SIMPLE Individual Retirement Plan, as applicable. You acknowledge that you have received and read the attached Application Agreement, which contains a predispute arbitration provision.

You acknowledge that your signature signifies and constitutes your agreement that this account and your relationship with Schwab will be governed by the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the applicable Individual Retirement Plan and Disclosure Statement, the Schwab IRA and ESA Account Agreement and the Charles Schwab Pricing Guide, each as amended from time to time. You understand there are fees associated with establishing, maintaining, engaging in transactions and transferring assets out of this account.

This account is established and effective when you receive your account number. You have the right to cancel the account within seven days from the date the account is established. The revocation will be reported to the IRS as a distribution.

You also acknowledge that, while bank deposit products available through Schwab—such as certificates of deposit offered on Schwab CD OneSource® and deposit products offered by Charles Schwab Bank—are insured by the Federal Deposit Insurance Corporation (FDIC) to the maximum extent provided by law, the securities products purchased or sold in a transaction with Schwab are not insured by the FDIC; are not deposits or other obligations of Schwab and are not guaranteed by Schwab Bank; and are subject to investment risks, including possible loss of the principal invested.

For purposes of this Account Application and the attached Application Agreement, the terms “you,” “your” and “Account Holder” refer to each person who signs this Account Application. The terms “we,” “us,” “our,” and “Schwab” refer to Charles Schwab & Co., Inc.

I certify under penalty of perjury that (1) the number shown on this application is the correct Taxpayer Identification Number; and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person, including: (a) a U.S. citizen or U.S. resident alien, (b) a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, (c) an estate (other than a foreign estate), or (d) a domestic trust as defined in the IRS regulations; and (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting. I understand that I must cross out item 2 above if I have been notified by the IRS that I am currently subject to backup withholding because I failed to report all interest and dividends.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

The agreement with Schwab contains a predispute arbitration clause. You acknowledge receipt of the predispute arbitration clause contained in Section 10 of the application agreement.

SIGN HERE X

Megan
Account Holder Signature

Use blue or black ink.

Megan Ann Hinch
Print Name Title, First Middle Last, Suffix

08 / 15 / 2016
Today's Date (mm/dd/yyyy)



