

# Check and Internal Transfer (Journal) Request Form

## Investment Advisor ("IA") Information (This portion to be completed by IA.)

**GeoWealth Management LLC**

**IA Firm Name** (Please print.)

**0849-1657**

**Institutional Group 11**

**IA Master Account Number**

**Service Team**

**Advisor Services**

**800-949-9936**

**service@geowealth.com**

**IA Contact Name** (if follow-up is required)

**IA Telephone Number**

**IA Email Address**

Use this form to implement new check and/or internal transfer instructions.

This form is appropriate for internal transfers between identically registered CRA or IRA account combinations. This form cannot be used for distributions from 529 Plan, Education Savings, IRA (excluding IRA combinations), 403(b)(7), Individual 401(k), or Qualified Retirement Plan (QRP) accounts. Note: This form may only be used to establish a standing authorization on an IRA or Education Savings if a Tax Withholding Election (TWE) has been completed. If no TWE has been completed, you may only establish a new Check or Internal Transfer standing authorization through the IRA Distribution Form or ESA Distribution Form.

- You may transfer cash out of a Custodial account only for the benefit of the minor. In addition, you may transfer securities out of a Custodial account only if the securities are going to an account in which the minor is an account holder.
- Withdrawals out of Custodial accounts are not permitted to accounts with the following registrations: Trust, LLC, Partnership, Custodial IRA, and Individual IRA, even if the distribution is for the benefit of the minor or is reimbursement of payments made for the minor's benefit.
- Contributions to your Schwab Charitable donor-advised fund account (Account) can include marketable securities such as equities, mutual funds, fixed income and assets that are not publicly traded.

Important Note: If the check/internal transfer distribution amount exceeds the available cash and the account includes a margin feature, a margin debit will be created or increased as a result of the check/internal transfer request.

**Contact your IA or call Schwab Alliance at 1-800-515-2157 to:**

- Modify or terminate existing instructions;
- Request additional distribution forms; and/or
- Provide liquidating instructions for any securities in your account prior to distribution.

## 1. Schwab Account Information

**Schwab Account Number(s)** (Multiple accounts may be listed only if they have identical tax identification numbers and named account holder(s).)

**Name(s) on Schwab Account** (List all names on the account.)

## 2. Standing Authorization (Optional—IA firm must be named above.)

All account holders must initial below. For Schwab Trust, Corporate, Partnership or other Organization accounts, only one Trustee or Authorized Agent must initial. By initialing below, you are authorizing Schwab to act upon instructions from you, any individual granted Full Trading Authority ("FTA") or Full Power of Attorney ("FPOA"), or your IA to transfer cash from your Schwab account to the accounts that you designate on the following pages.

**Account Holder/Trustee**

**Additional Account Holder/Co-Trustee**

**Additional Account Holder/Co-Trustee**

I authorize Schwab to accept instructions from me, any individual granted FTA or FPOA on this account, or my IA to transfer cash from the account designated in Section 1. IA's authority does not include requesting disbursements to other payees, Schwab accounts or other financial institution accounts not identified below. I hereby acknowledge that this authority is effective regardless of any differences in payee(s) or registration between these two accounts. I agree to indemnify and hold harmless Schwab, its affiliates, and their directors, officers, employees, and agents from and against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of or relating to: (1) their reliance on this Standing Authorization and (2) Schwab's execution of my FTA's, my FPOA's or my IA's instructions.

### 3. Check Instructions (Choose one.)

- A.** ☐ Mail a check by USPS (*standard delivery*).
- ☐ Send a check by overnight delivery. (*Fees apply. Contact your IA for details.*) Checks sent overnight cannot be delivered to a P.O. box. If a P.O. box is listed, the check will be sent via standard delivery.

**Payee Name**

- ☐ To the name(s) listed on my Schwab account.
- ☐ Made payable to the following third party:

Payee Name

## Address Options

- ☐ To the address listed on my Schwab account.
- ☐ To the following address, which is different from the one listed on my Schwab account:

**Name** (if different than payee)

**Street Address**

City

## State

**Zip Code**

**Memo** (optional: 24-character limit—applies to overnight delivery)

### B. One-Time Distribution

- ☐ Cash amount: \$ \_\_\_\_\_
- ☐ Total distribution (*Distribute entire cash balance.*)

### C. Periodic Distribution (on schedule)

- ☐
- Fixed Amount

Beginning \_\_\_\_\_, and continuing until \_\_\_\_\_ distribute \$\_\_\_\_\_ from my cash balance.  
(mm/dd/yyyy) (mm/dd/yyyy)

If you do not provide an end date, this instruction will remain in effect until otherwise revoked.

Frequency (select one):

- ☐ **Weekly**    ☐ **Semimonthly**    \_\_\_\_\_ (1st date)    \_\_\_\_\_ (2nd date)    ☐ **Monthly**    ☐ **Last business day of each month**
- ☐ **Every Two Months**    ☐ **Quarterly**    ☐ **Semiannually**    \_\_\_\_\_ (1st date)    ☐ **Annually**

- ☐
- Income Payment

Beginning \_\_\_\_\_, and continuing until \_\_\_\_\_ distribute the income specified below on the last business day  
(mm/dd/yyyy) (mm/dd/yyyy)

of the month. If you do not provide an end date, this instruction will remain in effect until otherwise revoked. Choose "All Income Plan" in Option (1) or up to three income payment options from Option (2).

- (1) ☐ All Income Plan (All dividend, interest, and money market account income will be consolidated into a single electronic payment.)

## (2) Flexible Income Plan

- ☐ Dividends (includes capital gains distributions; will be consolidated into a single payment)
  - ☐ Interest (includes fixed income and CDs; will be consolidated into a single payment)
  - ☐ Money market income (includes Schwab One® Interest and Schwab Bank Interest; will be consolidated into a single payment)

#### 4. Internal Transfer Instructions

##### A. Transfer to Schwab Account(s) (Choose one.)

☐ IRA contribution for tax year \_\_\_\_\_. (For this selection, the cash option in Section 4B must be selected.)  
(yyyy)

☐ i401(k) Contribution:

☐ Elective Deferral Contribution\* OR ☐ Employer Contribution\*

**\*All contributions to SEPs & i401(k) are coded as CALENDAR year contributions;** Schwab does not track current year vs. prior year contributions. It is up to the employer or client to specify on their tax return for which year it is for. Since an Individual 401(k) plan is a type of employer-sponsored QRP, funding must come from an account designated for business purposes. Contact Schwab for allowable registrations for funding accounts.

##### B. One-Time (on request) (Choose one.)

☐ Distribute cash amount(s) from my cash balance, as specified in the table below.

☐ Transfer securities, as specified in the table below. **Shares will be transferred based on the current cost basis method on the account.** If cost basis is different than the method on the account, please complete and submit the Cost Basis Lot Specification Form or spreadsheet. To contribute restricted or non-cash assets to a Schwab Charitable™ account, call Donor Relations at 1-800-746-6216 or email ask@schwabcharitable.org. Contributions must be for a minimum of \$500. All contributions are irrevocable and are generally eligible for a tax deduction. Donating shares held less than a year may impact your deduction. Consult with your tax advisor.

Receiving Account Number <sup>†</sup>	Receiving Account Registration <sup>†</sup>	Cash Amount, Share Quantity, or ALL <sup>‡</sup>	Security Name	Symbol/ CUSIP	Indicate (With an "X") If This Is a Gift <sup>§</sup>

☐ Pay Total Distribution (includes residuals) - **Note:** By selecting "Pay Total Distribution" this indicates your intent to establish a residual sweep transaction from the "From" account. Please ensure this option is chosen only if you actively want a residual sweep.

Please distribute entire account assets in kind to Schwab account number: \_\_\_\_\_

**Name(s) on Schwab Account** (List all names on the account.) \_\_\_\_\_

<sup>†</sup>Receiving Account Number and Account Registration may be entered once if all assets are being transferred to one account.

<sup>‡</sup>Specific share quantity or "ALL" must be used for share transfers.

<sup>§</sup>Indication of gift does not constitute tax lot instructions.

##### C. Periodic (on schedule)

Please distribute cash to Schwab account number: \_\_\_\_\_ Receiving Account Registration \_\_\_\_\_

☐ Fixed Amount

Beginning \_\_\_\_\_, and continuing until \_\_\_\_\_ distribute \$ \_\_\_\_\_ from my cash balance.  
(mm/dd/yyyy) (mm/dd/yyyy)

If you do not provide an end date, this instruction will remain in effect until otherwise revoked.

Frequency (select one):

☐ **Weekly**   ☐ **Semimonthly** \_\_\_\_\_ (1st date) \_\_\_\_\_ (2nd date)   ☐ **Monthly**   ☐ **Last business day of each month**  
☐ **Every Two Months**   ☐ **Quarterly**   ☐ **Semiannually** \_\_\_\_\_ (1st date)   ☐ **Annually**

☐ Income Payment

Beginning \_\_\_\_\_, and continuing until \_\_\_\_\_ distribute the income specified below on the last business day  
(mm/dd/yyyy) (mm/dd/yyyy)

of the month. If you do not provide an end date, this instruction will remain in effect until otherwise revoked. Choose "All Income Plan" in Option (1) or up to three income payment options from Option (2).

(1) ☐ All Income Plan (All dividend, interest, and money market account income will be consolidated into a single electronic payment.)

(2) Flexible Income Plan

☐ Dividends (includes capital gains distributions; will be consolidated into a single payment)

☐ Interest (includes fixed income and CDs; will be consolidated into a single payment)

☐ Money market income (includes Schwab One® Interest and Schwab Bank Interest; will be consolidated into a single payment)

**5. Close My Account (Optional)**

☐ Please close my account.

**Investment Advisor Information Access** (only applicable if you are requesting to close the account)

After closing your account(s) listed in Section 1, your IA will continue to have access to your Tax reporting information, Account statements and Trade confirmations.

Please provide a Non-Discretionary Master Account for your advisor to reduce the disruption in data access during the account closure.

**Advisor Non-Discretionary FA Master Account:** \_\_\_\_\_

☐ Check here if you do not wish your IA to continue to have access to your account documents.

**6. Please Read and Sign (Signatures and dates required.)**

By signing below, I acknowledge that Schwab will not process my distribution request if there are not sufficient available funds in the account.

I understand that Schwab reserves the right to terminate automatic transfers, at its election, for any reason. I certify that the information provided on this form is correct, and Schwab may rely on my certification without further investigation or inquiry.

**For Custodial Accounts:**

I acknowledge that, subject to applicable law, these funds will be used for the sole benefit of the minor listed on the account or held as custodial property of the minor and, as such, shall be transferred to the minor no later than the time for termination of the custodianship.

**For Contributions to Donor-Advised Accounts:**

By signing below, I acknowledge the existence of any differences in account owners and/or account type between the account from which assets are being transferred and the Schwab Charitable account. Each individual below is aware of these discrepancies and authorizes Schwab Charitable to accept the transfer of assets between unlike accounts.

This is my written authorization to irrevocably transfer ownership of the assets specified in Sections 2, 3 and 4 of this form (including restricted stock) to Schwab Charitable without requiring additional written instructions from me. I authorize Schwab to act on such instructions directly. I understand that any contribution, once accepted by Schwab Charitable, represents an irrevocable contribution to Schwab Charitable and is not refundable to me for any reason. Schwab Charitable will review all contributions prior to accepting them. Schwab Charitable typically sells publicly traded securities at the earliest date possible but may sell at any time.\* If I find any errors or omissions relating to my Schwab Charitable account, I must call Schwab Charitable immediately at 1-800-746-6216. I will notify Schwab Charitable no later than 10 days after the relevant communications are sent or made available to me. I understand that Schwab Charitable will not be liable for any losses that occur because of my failure to promptly notify Schwab Charitable of an error. Schwab Charitable is a 501(c)(3) independent, public charity.

\*This applies to sales of securities for Core Accounts only. The IA is responsible for sales of securities for Professionally Managed Accounts.

Schwab Charitable™ is the name used for the combined programs and services of Schwab Charitable Fund, an independent nonprofit organization. Schwab Charitable Fund has entered into service agreements with certain affiliates of The Charles Schwab Corporation.

ALL account holders must sign and date if you are setting up a Standing Authorization for your IA in Section 2. For Schwab Trust, Corporate, Partnership or other Organization accounts, only one Trustee or Authorized Agent must sign and date. Please note that the FTA or FPOA cannot sign to establish the Standing Authorization.

**X**

Signature: Account Holder/Trustee/Executor/Custodian

Today's Date (mm/dd/yyyy)

Print Name

**X**

Signature: Additional Account Holder/Co-Executor

Today's Date (mm/dd/yyyy)

Print Name

**X**

Signature: Additional Account Holder/Co-Executor

Today's Date (mm/dd/yyyy)

Print Name

**X**

Signature: Investment Advisor (if applicable and so authorized)

Today's Date (mm/dd/yyyy)

Print Name