

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

IA Firm Name (please print): GAME PLAN FINANCIAL ADVISORS L

IA Master Account Number: 0809-8798

Service Team: Great Lakes

Use this form to update the account holder(s)' or authorized agent(s)' address of record, or to update address information for duplicate statements or mailing address(es).

1. Account Information

I authorize Charles Schwab & Co., Inc. to change my address on the following Schwab account(s):

Account Number _____

Account Number _____

Account Number _____

Account Number _____

This change should take effect: Immediately Effective Date: _____

2. Home/Legal Address* (Required)

Please provide your home/legal address below, which must be a physical street address. **P.O. boxes are not allowed.**

Note: For Account Holder(s) and Authorized Agent(s), Schwab uses the home/legal address as the address of record.

Type of address change (select all that apply):

Account Address

Authorized Agent Address

Duplicate Statements for Interested Party

Organization/Trust Name _____

Tax ID Number _____

Account Holder/Authorized Agent First Name _____

Middle _____

Last _____

Additional Account Holder First Name _____

Middle _____

Last _____

Home/Legal Street Address (P.O. boxes are not allowed) _____

City _____

State _____

Zip Code _____

Home Telephone Number _____

Business Telephone Number _____

Cellular Telephone Number _____

Order new address imprinted on Schwab One® checks.

3. Mailing Address Information (Optional)

Please provide your mailing address below, if different from your home/legal address indicated in Section 2. P.O. boxes may be used.

Mailing Address (if different from above; P.O. boxes may be used) _____

City _____

State _____

Zip Code _____

4. Authorized Signatures

At least one Schwab Account Holder for each account number listed above must sign below.

▶ _____	_____	Date _____
Signature: Account Holder/Trustee/Authorized Agent	Print Name	(mm/dd/yyyy)
▶ _____	_____	Date _____
Signature: Additional Account Holder/Co-Trustee/Authorized Agent	Print Name	(mm/dd/yyyy)
▶ _____	_____	Date _____
Signature: Additional Account Holder/Co-Trustee/Authorized Agent	Print Name	(mm/dd/yyyy)
▶ _____	_____	Date _____
Signature: Additional Account Holder/Co-Trustee/Authorized Agent	Print Name	(mm/dd/yyyy)

*If you are receiving distributions from your Retirement Account, Schwab will apply state income tax withholding based on your legal address. If you move between states with differing state income tax laws, Schwab will apply state income tax withholding (as required) from your subsequent distributions based upon income tax withholding requirements for your new state of residence. Please contact your Investment Advisor for a copy of the State Income Tax Withholding Information sheet for specific information concerning your state's income tax withholding laws.

