

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

Advisor Contact Information (if follow-up is required): _____

Is your firm (or a principal, employee or related person* of your firm) an owner, trustee, executor, guardian, conservator or custodian of this account?

Yes No

If "yes," is it intended that this account will hold assets belonging to persons or entities other than your firm, your firm employees or yourself, or relatives of you or your firm members? Yes No

*A "related person" is defined as any advisory affiliate or any person that is under common control with your firm. See Form ADV for additional information.

To use this form, all account holders must be U.S. citizens or U.S. resident aliens, reside in the U.S. or one of its territories, and provide a U.S. mailing address. If you are submitting a handwritten form, please print in ALL CAPITAL LETTERS.

If you want to add Schwab One checks or debit cards to your existing Trust account, please provide your Account Number and only fill out Sections 7A, 12 and 13 (Notary is required unless the Trust is a Revocable Living Trust where the trustor(s), trustee(s) and current beneficiary(ies) are all the same individual(s)). Existing Account Number: _____

Note: To add checks or debit cards to your Personal account, please submit the Update Your Schwab One Account form.

1. Type of Account (Select only one.)

Schwab One Schwab One with Margin

2. Registration (Select only one.)

- Individual Trust (Complete Section 3.) Estate[§] _____
- Joint Tenants with Rights of Survivorship Custodial (Section 14, optional) Decedent's First Name _____
- Tenants in Common Under Laws of (State)* _____ Decedent's Middle Name _____
- Tenants by the Entirety[†] Age of Termination[†] _____ Decedent's Last Name _____
- Community Property[†] Conservatorship[§] Decedent's Social Security Number _____
- Community Property with Rights of Survivorship[†] Guardianship[§] Tax ID Number of the Estate _____

[†]This type of registration may not be available in your state.

[†]Required for minors who are residents of states governed by the Uniform Transfers to Minors Act or by the Uniform Gifts to Minors Act. The age of custodianship termination varies by state, although many states set the maximum age for termination at 21. If you do not indicate an age or governing state law here, the account will be set up using the custodian's state of residence and that state's default age of custodianship termination (either 18 or 21). If neither the minor nor the custodian is a U.S. resident, the custodian must indicate the governing state law in the Governing State Law field above.

I understand that electing to extend custodianship to age 25, if applicable, may cause me to lose my annual exclusion from federal gift tax and that I should consult with an attorney or tax advisor before making this election. (Note: Only certain states allow the custodianship to be extended to the minor's 25th birthday. This election may be exercised only in those states that specifically provide for it.)

[§]For Estate, Guardianship, or Conservatorship accounts, also submit a copy of your court order (Letters Testamentary, Letters of Administration, Letters of Guardianship, or Letters of Conservatorship), certified as currently valid by the court clerk within the last 60 days and bearing the clerk's original signature and seal.

3. Trust Information—Trust Accounts Only

Type of Trust (Select only one.)

- Revocable Living Trust where the trustor(s), trustee(s) and current beneficiary(ies) are all the same individual(s). (Notarization not required.)
- Other Revocable Living Trust**
- Irrevocable Living Trust**
- Testamentary Trust** (created through probated will only)

Decedent's First Name _____ Decedent's Middle Name _____ Decedent's Last Name _____

**Notarization of trustees' signatures is required in Section 13.

Trust Name _____ Date of Trust (mm/dd/yyyy) _____

Trust Tax ID Number (If Revocable Living Trust, you may use Trustor's Social Security/Tax ID number.) _____ By Whom Is It Revocable and Amendable? _____

Brokerage Products: Not FDIC-Insured • No Bank Guarantee • May Lose Value

For Charles Schwab Use Only

Account Number _____



3. Trust Information (Continued)

Trustor/Grantor/Settlor Name _____ This Trust Is Governed by the Laws of the State of _____

Trust Legal Address (no P.O. boxes, please) Line 1 _____ Line 2 _____

City _____ State _____ Zip Code _____

Trust Mailing Address (if different from above; P.O. boxes may be used) Line 1 _____ Line 2 _____

City _____ State _____ Zip Code _____

Has the original Trust Agreement been amended or restated? No Yes

Date(s) of Amendment(s) _____ Date(s) of Restatement(s) _____

Is the Trust a 10% shareholder of a publicly traded company? No Yes

(If "yes," enter company name _____ and trading symbol _____.)

Only if the Trust Beneficiaries are to be listed in the account registration, please list them here:

Trust Beneficiary _____ Additional Trust Beneficiary _____

4. Account Holder Information (For information about Schwab's privacy policy, see the attached Schwab One® Account Application Agreement.)

As required by federal law, Schwab will use the information provided below to verify your identity.

For Trust Accounts only: If your Trustee is an entity, please enter the name and tax identification number immediately below. Then enter agent information in the Account Holder section(s) below. All Trustees who are to conduct business in the account must provide this information.

Entity Name (please supply if your Trustee is not an individual) _____

Legal Street Address (no P.O. boxes, please) Line 1 _____ Line 2 _____

City _____ State _____ Zip Code _____

Tax ID Number _____ Business Telephone Number (xxx-xxx-xxxx) _____ Ext. _____

Account Holder/Trustee/Minor/Executor

First Name _____ Middle _____ Last _____ Are you known by another name? (Specify.) _____

Home/Legal Street Address (no P.O. boxes, please) Line 1 _____ Line 2 _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above; P.O. boxes may be used) Line 1 _____ Line 2 _____

City _____ State _____ Zip Code _____

Social Security/Tax ID Number _____ Date of Birth (mm/dd/yyyy) _____ Home Telephone Number (xxx-xxx-xxxx) _____

Business Telephone Number (xxx-xxx-xxxx) _____ Ext. _____ Cellular Telephone Number (xxx-xxx-xxxx) _____

USA Other _____ Other _____ USA Other _____

Country(ies) of Citizenship (Must list all. If not a U.S. citizen, please complete identification information below.) _____ Country of Legal Residence _____

Passport U.S. Driver's License U.S. Gov't Issued ID _____

Identification Type (Complete only if not a U.S. citizen.) _____ Identification Number _____ State or Country of Issuance _____ Issue Date _____ Expiration Date _____

Employer Name/Industry (If self-employed, indicate nature of business.) _____ Occupation/Position _____ Employment Status Employed Retired Self-Employed Non-Employed

Business Street Address (no P.O. boxes, please) Line 1 _____ Line 2 _____

City _____ State _____ Zip Code _____

Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? No 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? No Yes

(If "yes," enter company name _____ and trading symbol _____.)

4. Account Holder Information (Continued)

Additional Account Holder/Co-Trustee/Custodian/Co-Executor

First Name _____ Middle _____ Last _____ Are you known by another name? (Specify, _____)

Home/Legal Street Address (no P.O. boxes, please) Line 1 _____ Line 2 _____

City _____ State _____ Zip Code _____

Optional: Mailing Address (if different from above; P.O. boxes may be used) Line 1 _____ Line 2 _____

City _____ State _____ Zip Code _____

Social Security/Tax ID Number _____ Date of Birth (mm/dd/yyyy) _____ Home Telephone Number (xxx-xxx-xxxx) _____

Business Telephone Number (xxx-xxx-xxxx) _____ Ext. _____ Cellular Telephone Number (xxx-xxx-xxxx) _____

USA Other _____ Other _____ USA Other _____

Country(ies) of Citizenship (Must list all. If not a U.S. citizen, please complete identification information below.) _____ Country of Legal Residence _____

Passport U.S. Driver's License U.S. Gov't Issued ID _____

Identification Type (Complete only if not a U.S. citizen.) _____ Identification Number _____ State or Country of Issuance _____ Issue Date _____ Expiration Date _____

Employer Name/Industry (If self-employed, indicate nature of business.) _____ Occupation/Position _____ Employment Status Employed Retired Self-Employed Non-Employed

Business Street Address (no P.O. boxes, please) Line 1 _____ Line 2 _____

City _____ State _____ Zip Code _____

Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? No 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? No Yes

(If "yes," enter company name _____ and trading symbol _____.)

5. Choose Your Cash Feature

Please select below one eligible Cash Feature that may allow you to earn income on the free credit balances in your brokerage account (each, a "Cash Feature"). Eligibility for each Cash Feature is indicated below. For additional information on the eligibility rules for, and important disclosures about, the various alternatives to earn income on your cash, please see the Cash Features Disclosure Statement for Schwab Institutional®. If you do not select a Cash Feature, select more than one Cash Feature, or select a Cash Feature for which you are not eligible, you instruct Schwab to use the following rules to designate a Cash Feature on your account: If your account is eligible, Schwab will designate the Bank Sweep feature as the Cash Feature for your account; if your account is not eligible for the Bank Sweep feature, Schwab will designate the Schwab One® Interest feature as the Cash Feature for your account. Schwab may make these designations without providing any advance notice to you.

Select only one of the following:

Available to:

<input type="radio"/> Bank Sweep feature*	Individuals Only†
<input type="radio"/> Schwab One Interest†	All Clients
<input type="radio"/> Schwab Municipal Money Fund™—Sweep Shares (SWXXX)	All Clients
<input type="radio"/> Schwab AMT Tax-Free Money Fund™—Sweep Shares (SWFXX)	All Clients
<input type="radio"/> Schwab State-Specific Municipal Money Funds (CA—SWCXX, PA—SWEXX) and AMT Tax-Free Money Funds (MA—SWDXX, NJ—SWJXX, NY—SWNXX)—Sweep Shares Indicate State _____ (default is state of domicile on account)	All Clients
<input type="radio"/> Schwab Government Money Fund™ (SWGXX)	Clients with Household Balance [§] >\$100,000
<input type="radio"/> Schwab Advisor Cash Reserves®—Sweep Shares (SWQXX)	Clients with Household Balance [§] >\$500,000
<input type="radio"/> Schwab Advisor Cash Reserves—Premier Sweep Shares (SWZXX)	Clients with Household Balance [§] >\$1,000,000

* The Bank Sweep feature automatically makes deposits to and withdrawals from deposit accounts held at Charles Schwab Bank, an FDIC-insured depository institution affiliated with Schwab. Please see Schwab's cash features disclosure statement for more information about FDIC insurance. We recommend that you assume that coverage of deposit accounts established under the Bank Sweep feature will be limited to FDIC insurance and that you not expect coverage from SIPC.

† The Bank Sweep feature is available only to individuals. Trusts are not eligible.

‡ The Schwab One Interest feature allows you to receive interest from Schwab on the free credit balances in your brokerage account. Credit balances held at Schwab ARE NOT FDIC-INSURED AND ARE NOT BANK-GUARANTEED. The Schwab One Interest feature is currently not available for a brokerage account linked to a Schwab Bank High Yield Investor Checking® account.

§ Your Household Balance includes all of your accounts at Schwab that have been linked in accordance with Schwab's householding guidelines.



5. Choose Your Cash Feature (Continued)

If you select a Sweep Money Fund, your selection is considered a request for a prospectus. It is an indication of interest only, and you are not obligated to buy any shares. Please read the prospectus carefully. Although money funds seek to preserve the value of your investments at \$1 per share, it is possible to lose money. Money funds ARE NOT FDIC-INSURED, MAY LOSE VALUE AND ARE NOT BANK-GUARANTEED.

Municipal money funds are designed for taxpayers who are seeking income that is exempt from federal income tax. Each of the state-specific funds generally provides income that is exempt from that respective state's personal income tax as well. With the exception of the Schwab AMT Tax-Free Money Fund, a portion of each of these funds' income may be subject to the federal alternative minimum tax (AMT). These funds are not appropriate for any investor with tax-exempt status.

6. Electronic Delivery (eDelivery) Enrollment

Schwab Institutional® offers electronic delivery of your account statements and trade confirmations. Once enrolled, you will receive notifications via email that your statements and confirmations are available through Schwab's secure website, www.schwaballiance.com. Enrolling in eDelivery may also qualify you for lower online equity trades. Please consult with your Investment Advisor and/or the *Charles Schwab Institutional Pricing Guide* for more pricing details. To begin enrollment in eDelivery, provide your email address below and Schwab Institutional will send you an email with instructions on how to complete your enrollment and electronically consent to eDelivery via www.schwaballiance.com.

Email address: _____

7. Checking Preferences

If you want checks, make one selection in A or B. If you do not want checks, skip this section and go to Section 8.

A. Schwab One Brokerage checks and Visa® Platinum debit cards.

Select only one:

- Checks only
- Checks and one Visa debit card
- Checks and two Visa debit cards (second debit card may be issued only in the name of the additional account holder on joint accounts)

Checking. If you would like to order personal checks, indicate how the name(s) and address should read.

Account Holder

Additional Account Holder

Address

City

State

Zip Code

Special Information (if any)

Visa. If you would like to order a Schwab One Visa Platinum debit card, indicate the name(s) that should appear on the card. Schwab One Visa Platinum debit card privileges are not available for Custodial, Estate, Conservatorship, Guardianship or Testamentary Trust accounts.

Account Holder

Additional Account Holder

- B. Schwab Bank High Yield Investor Checking account.*** Complete **and attach** the Add High Yield Investor Checking to Your Schwab One® Brokerage Account Application. This full-featured Schwab Bank checking account links to your Schwab One brokerage account and includes unlimited checkwriting, free Schwab Bank Bill Pay™, a Visa® Platinum debit card with ATM rebates,† downloads to Microsoft® Money or Quicken®, and interest on your cash balances.‡

*You must be a U.S. citizen or U.S. resident alien, reside in the U.S. or one of its territories, and have a U.S. mailing address to open a High Yield Investor Checking account.

†Refer to the *Schwab Bank Deposit Account Pricing Guide* for details.

‡Schwab Bank is an FDIC-insured depository institution affiliated with Schwab. Funds deposited at Schwab Bank are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 when aggregated with all other deposits held by you in the same capacity at Schwab Bank.

12. Authorization to Open Account

By signing this Application, you acknowledge that you have received and read a copy of 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 Schwab One® Account Agreement

and the *Charles Schwab Institutional® Pricing Guide*, each as amended from time to time (the "Agreement and Disclosures"). You understand there are fees associated with establishing, maintaining and engaging in transactions.

If you have selected the margin feature, you acknowledge that securities securing loans from Schwab may be lent to Schwab and lent by Schwab to others. You also acknowledge that if you trade "on margin," you are borrowing money

from Schwab and that you understand the requirements and risks associated with margin borrowing as summarized in the Margin Disclosure Statement included with this Application. 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 my correct taxpayer number; (2) I am not subject to back-up withholding because (a) I am exempt from back-up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to back-up withholding; and (3) I am a U.S. person (including a U.S. resident alien). (I understand that if I have been notified by the IRS that I am subject to back-up withholding as a result of dividend or interest underreporting and I have not received a notice from the IRS advising me that back-up withholding is terminated, I must strike or cross out the information contained in item 2 above.) The IRS does not require my consent to any provision of this document other than the certification required to avoid back-up withholding.

The Agreement with Schwab includes a predispute arbitration clause. I acknowledge receipt of the predispute arbitration clause contained in the Required Arbitration Disclosures and Arbitration Agreement sections, on page 1, of the Schwab One® Account Application Agreement.

All Account Holders must sign and date. Your signature(s) below will also serve as a signature card for checks and Visa® debit card(s).

Signature: Account Holder/Trustee/Custodian/Executor _____ Date _____
(mm/dd/yyyy)
 Print Name _____

Signature: Additional Account Holder/Trustee/Custodian/Executor _____ Date _____
(mm/dd/yyyy)
 Print Name _____

Signature: Additional Account Holder/Trustee/Custodian/Executor _____ Date _____
(mm/dd/yyyy)
 Print Name _____

13. Notarization of Trustee Signatures—Trust Accounts Only

Signatures of Trustee(s) must be notarized unless the trust is a Revocable Living Trust where the Trustor(s), Trustee(s) and Current Beneficiary(ies) are the same individual. If it is necessary to notarize more than three Trustee signatures, please use and attach photocopies of this page.

State of _____, County of _____ Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.* <small>(Name of Person Appearing Before Notary)</small> WITNESS my hand and official seal. Notary Public _____ Expiration Date _____ <small>(Signature of Notarizing Officer) (mm/dd/yyyy)</small>	(NOTARY SEAL)
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*Notaries outside of California may attach the appropriate notarizing declaration in lieu of the above.

State of _____, County of _____ Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.* <small>(Name of Person Appearing Before Notary)</small> WITNESS my hand and official seal. Notary Public _____ Expiration Date _____ <small>(Signature of Notarizing Officer) (mm/dd/yyyy)</small>	(NOTARY SEAL)
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*Notaries outside of California may attach the appropriate notarizing declaration in lieu of the above.

13. Notarization of Trustee Signatures—Trust Accounts Only (Continued)

State of _____, County of _____ Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.* (Name of Person Appearing Before Notary) WITNESS my hand and official seal. Notary Public _____ Expiration Date _____ (Signature of Notarizing Officer) (mm/dd/yyyy)	(NOTARY SEAL)
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*Notaries outside of California may attach the appropriate notarizing declaration in lieu of the above.

14. Nominate a Successor Custodian—Custodial Accounts Only

Use this section to designate a successor custodian to act on this account in the event of your incapacity, death, resignation or removal as custodian. **This is a nomination only.** To activate the role of a successor custodian, the account registration must be changed.

Name of Successor Custodian _____ Social Security Number of Successor Custodian _____

Home/Legal Street Address (no P.O. boxes, please) Line 1 _____ Line 2 _____

City _____ State _____ Zip Code _____

This designation shall take effect for this account in the event of my incapacity, death, resignation or removal as custodian.
 IN WITNESS THEREOF, I have executed this Designation of Successor Custodian Form.

Print Name _____

Signature: Current Custodian _____ Date _____
 (mm/dd/yyyy)

Witness (The witness may NOT be the individual designated as the successor custodian.)

Print Name _____

Signature: Witness _____ Date _____
 (mm/dd/yyyy)

