

*Note: This portion to be completed by Investment Manager.*

Client Name (please print) St Vladimir's Orthodox Theological Seminary  
 Account Number 8411-9009 Social Security Number \_\_\_\_\_  
 Investment Manager Master Account Number 8007639

To endorse your securities, please sign and date this form, making sure to sign your name exactly as it appears on your stock certificate. If a security is registered to more than one owner, all owners' signatures are required and must appear exactly as written on the stock certificate.

## 1. Authorization

**FOR VALUE RECEIVED, THE UNDERSIGNED DOES (DO) HEREBY SELL, ASSIGN AND TRANSFER TO:  
 CHARLES SCHWAB & CO., INC.**

### IF STOCK, COMPLETE THIS PORTION:

\_\_\_\_\_ shares of \_\_\_\_\_ stock of \_\_\_\_\_ Corporation  
 represented by certificate(s) no(s). \_\_\_\_\_ inclusive,  
 standing in the name of the undersigned on the books of said Company.

### IF BONDS, COMPLETE THIS PORTION:

\_\_\_\_\_ bonds of \_\_\_\_\_  
 \_\_\_\_\_  
 in the principal amount of \$ \_\_\_\_\_, no(s). \_\_\_\_\_ inclusive,  
 standing in the name of the undersigned on the books of said Company.

### IF MUTUAL FUND, COMPLETE THIS PORTION: (Attach most recent statement.)

Name of Fund	Last Statement Balance	Date of Statement
_____	_____	_____
Name(s) on the Account at the Fund	Amount Transferred (All, if transferring all shares)	<input type="radio"/> Cash Dividends/ Cash Capital Gains <input type="radio"/> Reinvest Dividends/ Reinvest Capital Gains
Account Number at the Fund	<b>MUTUAL FUND DISTRIBUTION            OPTION FOR SCHWAB ACCOUNT</b> <i>(Check one)</i>	

## 2. Authorized Signature(s)

The undersigned hereby irrevocably constitutes and appoints \_\_\_\_\_ attorney to transfer the said securities, as the case may be, on the books of said Company, with full power of substitution in the premises.

Signatures must correspond **exactly** with the names written on the face of the certificates or bonds.

Certificate Holder First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Date \_\_\_\_\_  
 Certificate Holder Signature \_\_\_\_\_ (mm/dd/yy)

Additional Certificate Holder First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Date \_\_\_\_\_  
 Additional Certificate Holder Signature \_\_\_\_\_ (mm/dd/yy)

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