



# Third-Party Release Form

www.schwab.com | 1-800-435-4000 (inside the U.S.) | +1-415-667-8400 (outside the U.S.) | 1-888-686-6916 (multilingual services)  
Clients of Independent Investment advisors, contact your advisor directly or Schwab Alliance at 1-800-515-2157

Investment Advisor ("IA") Information (This portion to be completed by IA. Skip if you are not an IA.)

IA Firm Name (please print): DIMEO SCHNEIDER & ASSOCIATES,

IA Master Account Number: 0810-4708

Service Team: IST East 1

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

- The certificate indicated below is registered in a name other than that of the account.
- To authorize the processing of the certificate, please complete the form below and have a notary affirm your signature(s).
- If there are more than two Account Holders or Trustees, attach additional copies of this page.

I, \_\_\_\_\_ request that you place \_\_\_\_\_  
(Registered Name on Certificate) (Number of Shares)  
 of \_\_\_\_\_ into the following account.  
(Name of Company)

Account Number (eight digits) <b>3 5 4 6 1 0 9 9</b>	Account Holder Name (registration exactly as it appears on the account) <b>College of Dupage</b>
Home Street Address (no P.O. boxes) <b>425 Fawell Blvd</b>	City, State, Zip Code <b>Glen Ellyn, IL 60137</b>
Additional Account Holder Name	

You may, for all purposes whatsoever, treat the account holder(s) listed above as the sole owner(s) of said securities and proceeds thereof.

Please provide a brief description of the relationship the shareholder (third party) has with Schwab client. (Required)  
**Donor**

Please provide a brief description of the reason for the change in ownership from third party to Schwab client. (Required)  
**Donation**

Note: Signature(s) must correspond with the name(s) written on the face of the certificate(s) or bond(s) in every particular section without alteration, and must be notarized.

## Signature(s) and Date(s) Required

**X**  
 Account Holder Signature \_\_\_\_\_ Print Name as it Appears on Certificate \_\_\_\_\_ Date \_\_\_\_\_

**X**  
 Additional Account Holder Signature \_\_\_\_\_ Print Name as it Appears on Certificate \_\_\_\_\_ Date \_\_\_\_\_

**Notice to CA Residents:** A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

### Certificate of Acknowledgment of Notary Public\*

State of \_\_\_\_\_, in the County of \_\_\_\_\_. On \_\_\_\_\_, (mm/dd/yyyy)

the above-named individual(s) personally appeared before me and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

**X**  
 Notary Signature \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_  
 Print Notary Name \_\_\_\_\_ My Commission Expires (mm/dd/yyyy) \_\_\_\_\_

(NOTARY SEAL)

\*If your state law permits, notaries may attach the appropriate notarizing declaration in lieu of this notarization.

