

IAAS, Inc.

ACCOUNT DATA FORM

Name _____

Date Of Birth _____ Employer _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Day _____ Night _____

Mobile _____ email _____

SECOND NAME & ADDRESS (if applicable)

Name _____

Date Of Birth _____ Employer _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Day _____ Night _____ Fax _____

Mobile _____ email _____

ACCOUNT INFORMATION

Login ID _____ Password _____ WEB ADDR: www.schwab.com

USER NAME _____ PIN _____ WEB ADDR: www.schwabplan.com

USER NAME _____ P/W _____ WEB ADDR: _____

Objective: Growth _____ Income _____ Preservation of Capital _____

Annual Income: More than \$100K _____ Less than \$50K _____

Net Worth: More than \$500K _____ Less than \$250K _____