

Schwab Attorney-In-Fact Agreement and Affidavit of Attorney-In-Fact for Non-Schwab Power of Attorney

charles SCHWAB

www.schwab.com

1-800-435-4000 (inside the U.S.)

+1-415-667-5009 (outside the U.S.)

1-888-686-6916 (multilingual services)

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This form must be used for applying a non-Schwab Power of Attorney to an existing Schwab account, and serves as an agreement between Schwab and the Agent ("Attorney-In-Fact") designated in the non-Schwab Power of Attorney. A separate set of documents is required for each Schwab account.

Please be sure to:

- Read and complete all sections. Return entire form along with a copy of the non-Schwab Power of Attorney signed by Account Holder.
- Sign the form: Attorney-In-Fact must sign in Part I and Part II.
- Ensure the Attorney-In-Fact's signature on the Schwab Affidavit of Attorney-In-Fact is notarized.

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Shelby Cnty Judge of Probate, AL
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Part I: Schwab Attorney-In-Fact Agreement

1. Account Holder Information

| | |
|--------------------------------|-----------------------|
| Account Holder Name(s) (print) | Schwab Account Number |
| CYNTHIA T. COMER | IRA # [REDACTED] |

2. Agent ("Attorney-In-Fact") Must Complete

We respect your privacy. Schwab may use the information you provide to communicate with you and provide information about products and services. Read about Schwab's privacy policy at www.schwab.com/privacy. As required by federal law, Schwab will use the information provided below to verify your identity.

Agent

| | | |
|---|---|---------------------------|
| Name (First) | (Middle) | (Last) |
| LEE | MARCUS | COMER, JR. |
| Home/Legal Street Address (no P.O. boxes) | City | State |
| 2724 COUNTRYWOOD WAY | VESTAVIA HILLS | AL |
| Zip Code | | |
| 35243 | | |
| Mailing Address (if different from above; P.O. boxes may be used) | City | State |
| | | |
| Home Telephone Number | Business Telephone Number | Cellular Telephone Number |
| () | () | |
| Email Address* (Required to access the account through the web.) | | |
| | | |
| Social Security/Tax ID Number | Date of Birth (mm/dd/yyyy) | Mother's Maiden Name |
| | | TANNER |
| Are you known by any other name? Specify: | | |
| | | |
| ID Number | Place of Issuance | Expiration Date |
| | AL | 07/29/2021 |
| Country(ies) of Citizenship (Must list all.) | Country of Legal Residence | |
| <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____ | |

Securities industry regulations require that we collect the following information:

| | | | |
|--|----------------------|-------|----------|
| Check only one: | | | |
| <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Not employed | | | |
| Employer | Occupation/Position | | |
| FORESITE GROUP | DIVISION DIRECTOR | | |
| Business Street Address | City | State | Zip Code |
| 2021 MAGNOLIA AV S | BIRMINGHAM | AL | 35205 |
| Are you affiliated with or employed by a stock exchange or member firm of an exchange or the NASD, or a municipal securities broker-dealer? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ And trading symbol _____) | | | |
| Marital Status | Number of Dependents | | |
| <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced | 3 | | |
| Investment Experience: | | | |
| <input type="checkbox"/> None <input checked="" type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Extensive | | | |
| Annual Income: | | | |
| <input type="checkbox"/> Under \$15,000 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input checked="" type="checkbox"/> \$100,000 or More | | | |
| Liquid Net Worth: | | | |
| <input checked="" type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$249,999 <input type="checkbox"/> \$250,000 or More <input type="checkbox"/> Specify: _____ | | | |

*By providing your email address, you consent to receiving email from Schwab. Information about opting out of certain email communications is provided at www.schwab.com/privacy.

| | | | |
|------------------------------|------------------------|----------------------------------|--|
| FOR CHARLES SCHWAB USE ONLY: | | | |
| Approved by | Print Name of Approver | | |
| Date Approved | Source Code | Branch Office and Account Number | |
| | | | |



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2. Agent ("Attorney-In-Fact") Must Complete (Continued)

| |
|---|
| Are you being compensated for providing investment advice on this account or any other account? (required) |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Are you, or are you employed by, a federal or state registered Investment Advisor? (required) |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the following information: |
| Firm Name or DBA |
| Investment Advisor Registration Depository (IARD) or State Registration Number |
| Firm Tax Identification Number |

3. Agent ("Attorney-In-Fact") Must Sign

By signing this Application, you acknowledge that you have received and read a copy of the attached Schwab Attorney-In-Fact Agreement, which contains a predispute arbitration provision. You acknowledge that your signature signifies and constitutes your agreement that your relationship with Schwab and the authority conferred on you, as Attorney-In-Fact, by the Power of Attorney executed by the Account Holder will be governed by the Schwab Attorney-In-Fact Agreement and all incorporated agreements and disclosures, including the Schwab One® Account Agreement and the *Charles Schwab Pricing Guide*, each as amended from time to time.

For purposes of this Schwab Attorney-In-Fact Agreement and Affidavit of Attorney-In-Fact, the terms "you," "your," "Agent" and "Attorney-In-Fact" refer to the person who signs this form as the Agent (Attorney-In-Fact). The terms "we," "us," "our" and "Schwab" refer to Charles Schwab & Co., Inc.


NOTE THAT SECTION 17 ON PAGE 2 OF THE ATTACHED ATTORNEY-IN-FACT AGREEMENT CONTAINS A PREDISPUTE ARBITRATION AGREEMENT.

Signature and Date Required

X 
Agent ("Attorney-In-Fact") Signature

LEE MARCUS COMER JR
Print Name

4-28-18
Date


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Part II: Schwab Affidavit of Attorney-In-Fact**Affidavit of Attorney-In-Fact**

Complete the section below. Agent ("Attorney-In-Fact") must sign and have his or her signature notarized.

STATE OF ALABAMA

: S.S.:

COUNTY OF JEFFERSON

LEE MARCUS COMER JR, being duly sworn, deposes and says:

THAT I am the person designated as the Attorney-In-Fact for (Name of Principal) ALABAMA attached hereto.

(the "principal") by Power of Attorney executed by him/her in the State of ALABAMA attached hereto. A true and correct copy of the Power of Attorney is attached hereto, or has been previously submitted and accepted by Charles Schwab & Co., Inc. ("Schwab"), and is incorporated herein by this reference.

THAT the principal executed the Power of Attorney while competent to do so and was not acting under duress or undue influence.

THAT I do not have any knowledge of the termination of the Power of Attorney, whether by revocation, the principal's death or otherwise; nor do I have any knowledge of any amendment or modification of the Power of Attorney.

THAT if the Power of Attorney is not durable, then I do not have any knowledge of any incapacity of the principal that would render the Power of Attorney void.

THAT I am presenting this affidavit and the Power of Attorney to Schwab to induce Schwab to permit me to undertake transactions authorized by the Power of Attorney on behalf of the principal.

THAT I agree that I will notify Schwab of the principal's death, of any termination or revocation of the Power of Attorney, and/or modification of the Power of Attorney; I also agree that, if the Power of Attorney is not durable, then I will notify Schwab of any incapacity of the principal that would render the Power of Attorney void.

Signature and Date Required

X

Agent ("Attorney-In-Fact") Signature

LEE MARCUS COMER JR
Print Name

4-28-18
Date

| | | |
|--|--|---------------|
| State of <u>Alabama</u> , County of <u>Jefferson</u> | | (NOTARY SEAL) |
| Subscribed and sworn to (or affirmed) before me on this <u>28</u> day of <u>April</u> , 20 <u>18</u> , by <u>Lee Marcus Comer Jr</u> , proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.* | | |
| WITNESS my hand and official seal. | | |
| Notary Public <u>[Signature]</u> (Signature of Notarizing Officer) | Expiration Date <u>Sept 12, 2019</u> (mm/dd/yyyy) | |
| *Notaries outside of California may attach the appropriate notarizing declaration in lieu of the above. | | |

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|-------------------------------------|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|------|
| FOR CHARLES SCHWAB USE ONLY: | | | | | | | | | | | | | | | | |
| Branch Office and Account Number | | | | | | | | | | DDA Number | | | | | | |
| Customer ID Number | | | | | | | | | | Source Code | | | | | | |
| Approved By | | | | | | | | | | Print Name of Approver | | | | | | Date |