

Edward Jones
FINAL WAGES BENEFICIARY DESIGNATION FORM AND CHANGE OF BENEFICIARY

DESIGNATION FORM INSTRUCTIONS

This form is to be completed **only when designating final wages** to a trust(s), and/or religious or charitable organization(s) as your primary or contingent final wages beneficiary(ies). This form does not apply to any life insurance beneficiary designation or retirement plan designation. When designating a final wages beneficiary, please use the full and complete name of the trust or organization. Please include the tax identification number for each designated beneficiary.

You must select your beneficiary – the trust(s), and/or religious or charitable institution(s) who will receive your final wages payment if you die while employed by the firm. Please make sure that you also name a contingent beneficiary. If you name more than one primary or contingent beneficiary, please indicate the percentage of your benefit to be paid to each beneficiary. The listed percentages must add up to 100%. Payment will be made in equal shares or all to the survivors unless otherwise indicated.

It is important to ensure that your final wages beneficiary designation is clear so that there will be no question as to your meaning. Please provide **all** the information requested below.

Once the forms are complete, please fax to the Edward Jones Disaster and Crisis Care team at 877-725-9532.

In no event may a beneficiary be changed by Power of Attorney (POA).

If no beneficiary is named, or if no named beneficiary survives you, the Disaster and Crisis Care team will work with your next of kin on your state's requirements.

Please note, this Beneficiary Designation Form will not be considered valid until it is signed and dated by you on page 3 for all designations provided pursuant to this form.

Example #1:

PRIMARY BENEFICIARY(IES) FOR FINAL WAGES

Doe Family Living Trust dated 11/1/2000 Relationship: Revocable Trust Benefit Percent: 100%

CONTINGENT BENEFICIARY(IES) FOR FINAL WAGES

None

Example #2:

PRIMARY BENEFICIARY(IES) FOR FINAL WAGES

Doe Family Living Trust dated 11/1/2000 Relationship: Revocable Trust Benefit Percent: 50%

Jane Doe Relationship: Spouse Benefit Percent: 50%

CONTINGENT BENEFICIARY(IES) FOR FINAL WAGES

None

FINAL WAGES DESIGNATION FORM

Associate Name:	Employee ID Number:	Social Security Number: <u>XXX-XX-</u>
Mailing Address:		Telephone Number:

NAMING YOUR FINAL WAGES BENEFICIARY

☐ Initial Beneficiary Designation(s) OR ☐ Change of prior beneficiary designation(s) (check only one box)

If you have selected the “change of prior final wages beneficiary designation” option above, you hereby revoke any previous final wages beneficiary designation(s) in its entirety.

The beneficiary designation(s) below apply to Final Wages payment only.

PRIMARY BENEFICIARY(IES) FOR FINAL WAGES		
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Designated Percentage:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Designated Percentage:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Designated Percentage:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Designated Percentage:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Designated Percentage:

CONTINGENT BENEFICIARY(IES) FOR FINAL WAGES		
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Designated Percentage:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Designated Percentage:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Designated Percentage:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Designated Percentage:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Designated Percentage:

If you need assistance in completing this form, please contact the Edward Jones Disaster and Crisis Care team at

HR-Disaster-Crisis-Care@edwardjones.com or your personal legal counsel.

I understand and agree that I have designated final wages beneficiary(ies). I designate the above trust(s) and/or religious or charitable organization(s) to receive any final wages that may be payable upon my death. I understand that payment will be made to contingent beneficiary(ies) only if the primary beneficiary(ies) dies before I do. I revoke in their entirety all previous beneficiary election(s) for these final wages. I understand and agree that if no beneficiary is named, or if no beneficiary survives me, the Disaster and Crisis Care team will work with my next of kin on my state's requirements.

This Final Wages Beneficiary Designation form must be designated by me in writing that is received by and acceptable to Edward Jones. Any final wages beneficiary designation accepted by Edward Jones will be effective as of the date executed by me. Edward Jones may declare any final wages beneficiary designation not received by Edward Jones during my lifetime to be void.

For the Edward Jones Associate final wages beneficiary designations to be effective, Edward Jones must receive and accept at its headquarters in St. Louis, Missouri, a Final Wages Beneficiary Designation form that is executed by the Edward Jones Associate. Once Edward Jones accepts the Final Wages Beneficiary Designation Form, the beneficiary designation shall be deemed effective as of the date of execution of the Final Wages Beneficiary Form by the Edward Jones associate (the "effective date"). The death of the Edward Jones Associate occurring between the date that the executed Final Wages Beneficiary Form was delivered or mailed to Edward Jones headquarters in St. Louis, Missouri, and the date it is accepted by Edward Jones headquarters in St. Louis, Missouri, shall not invalidate the Final Wages Beneficiary Form or negatively impact the effective date.

IMPORTANT: If you are married and residing in a community property jurisdiction at the time of your death, but have not named your spouse as 100% beneficiary, you must fax a completed Final Wages Spousal Consent Form to 877-725-9532. The Final Wages Spousal Consent form can be found on the www.edwardjonesbenefits.com website under the Resources Tab, Documents.

The Final Wages Spousal Consent must be completed if a married Edward Jones associate 1) resides in a community property jurisdiction together with their spouse at the time of their death and 2) has named non-spouse beneficiaries for their Final Wages Beneficiary Designation.

The term "community property jurisdiction" shall mean the following states and territories/protectorates of the United States of America: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Alaska (if the Account Owner and his/her spouse have elected to treat marital assets as community property), Puerto Rico and Guam.

Signed: _____ Date: _____
(Please print form to sign -This form will not be accepted if signed electronically)