



Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York 10166

## CERTIFICATE RIDER

**Group Policy No.:** 233834-1-G

**Policyholder:** Edward D. Jones & Co., L.P.

**Effective Date:** January 1, 2026

The certificate is changed as follows:

Applicable to Disability Income Insurance: Long Term Benefits for all Full-Time Home Office General Partners, excluding Field-Based Home Office General Partners

1. In **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU**, replace **DATE YOU ARE ELIGIBLE FOR INSURANCE** with the following:

### **“DATE YOU ARE ELIGIBLE FOR INSURANCE**

You may only become eligible for the insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

If You are hired before January 1, 2026:

You will be eligible for the insurance described in this certificate on the later of:

1. January 1, 2026; and
2. the first day of the calendar month following the date You complete the Waiting Period of 2 months.

**Waiting Period** means the period of continuous membership in an eligible class that You must wait before You become eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified. If You were previously employed under another class of the Policyholder any period of continuous employment immediately preceding Your transfer date will count toward satisfying the Waiting Period. You will not be required to complete another Waiting Period when You become a member of an eligible class.

If You are hired on or after January 1, 2026:

If You are in an eligible class on January 1, 2026, You will be eligible for the insurance described in this certificate on that date.

If You enter an eligible class after January 1, 2026, You will be eligible for insurance on the first day of the calendar month following the date You enter that class.”

2. In **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU**, replace item 3. under **DATE YOUR INSURANCE ENDS** with the following:

“3. the end of the month for which the last premium has been paid for You; or”

**This rider is to be attached to and made part of the certificate.**

Certificate Number 3A.2