

# Final Wages Spousal Consent Form

Date: \_\_\_\_\_

## Instructions

**Fax the completed form to Edward Jones Disaster and Crisis Care team at 877-725-9532.**

### A. Edward Jones Associate Information

Associate's Name: \_\_\_\_\_

Associate's J or P number: \_\_\_\_\_

### B. Spousal Consent

**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.*

I represent that I (a) am the spouse of the Account Owner ("the Account Owner's Spouse"); (b) am familiar with the assets contained in the Account; (c) consent to and join in the Account Owner's designation of the Beneficiary or Beneficiaries of the Account; (d) convey, upon death of the Account Owner, my interest in the community or marital property to the designated beneficiary(ies) and (e) agree not to make any claim against the Beneficiary or Beneficiaries or against Edward Jones or Edward Jones Trust Company as applicable, as a result of the distribution of any assets in the Account pursuant to the terms of the Account Owner's beneficiary designation.

### C. Signature(s)

*Note: The person signing as Disinterested Witness for Spouse's Signature below cannot be the Edward Jones Associate referenced above nor any person named as a beneficiary on the Final Wages Beneficiary Designation.*

_____ Signature of Spouse	_____ Printed Name	_____ Date
_____ Disinterested Witness for Spouse's Signature	_____ Printed Name	_____ Date