

**Edward Jones**  
**BENEFICIARY DESIGNATION FORM AND CHANGE OF BENEFICIARY DESIGNATION FORM**  
**INSTRUCTIONS**

This form is to be completed **ONLY** when designating a trust(s), estate(s), and/or religious or charitable institution(s) as your primary or contingent beneficiary(ies). When designating a beneficiary, please use the full and complete name of the estate, trust or organization. If a religious or charitable institution is listed, please include the institution's tax identification number.

You must select your beneficiary – the trust(s), estate(s), and/or religious or charitable institution(s) who will receive a benefit payment if you die while covered by the Plan and/or Policy. 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. If you wish to designate a specific contingent beneficiary for each specific primary beneficiary please include a separate *notarized* sheet with designations. It is important to ensure that your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than one primary or contingent beneficiary, show 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 survivor unless otherwise indicated. Please provide **all** of the information requested below on pages 2 and 3..

Once the forms are complete, please fax to the Edward Jones Benefits team at **877-904-4749**

**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 insurance company will pay your insurance benefits in accordance with the Summary Plan Description.**

**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 BASIC GROUP LIFE COVERAGE**

Doe Family Living Trust dated 11/1/2000      Relationship: Not Related      Benefit Percent: 100%

**CONTINGENT BENEFICIARY(IES) FOR BASIC GROUP LIFE COVERAGE**

None

**PRIMARY BENEFICIARY(IES) FOR SUPPLEMENTAL GROUP LIFE COVERAGE**

John Doe      Relationship: Son      Benefit Percent: 100%

**CONTINGENT BENEFICIARY(IES) FOR SUPPLEMENTAL GROUP LIFE COVERAGE**

Susan Doe      Relationship: Daughter      Benefit Percent: 100%

**Example #2:**

**PRIMARY BENEFICIARY(IES) FOR BASIC GROUP LIFE COVERAGE**

Doe Family Living Trust dated 11/1/2000      Relationship: Not Related      Benefit Percent: 50%

Jane Doe      Relationship: Spouse      Benefit Percent: 50%

**CONTINGENT BENEFICIARY(IES) FOR BASIC GROUP LIFE COVERAGE**

None

**PRIMARY BENEFICIARY(IES) FOR SUPPLEMENTAL GROUP LIFE COVERAGE**

John Doe      Relationship: Son      Benefit Percent: 100%

**CONTINGENT BENEFICIARY(IES) FOR SUPPLEMENTAL GROUP LIFE COVERAGE**

Susan Doe      Relationship: Daughter      Benefit Percent: 100%

If you need assistance in completing this form, please contact the Edward Jones Benefits team at 314-515-1006 or your personal legal counsel.

## BASIC GROUP LIFE COVERAGE

Associate Name:	Employee ID Number:	Social Security Number: <u>XXX-XX-</u>
Mailing Address:		Telephone Number:
Policyholder/Employer: <b>Edward D. Jones &amp; CO., L.P.</b>		Policy Number: <b>233834-1-G</b>

### NAMING YOUR BASIC GROUP LIFE COVERAGE BENEFICIARY

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

If you have selected the "change of prior beneficiary designation" option above, you hereby revoke any previous beneficiary designation(s), if any, for your group insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

**Basic Group Life Coverage** Benefits and **Supplemental Group Life Coverage** Benefits will be paid in accordance with your beneficiary designations. **Individual Beneficiary designations must be made for each type of coverage selected under the Plan and/or Policy.** It is your responsibility to ensure that your designation remains accurate and reflects your intentions. Benefits will be paid based on the most recent valid designation.

**The beneficiary designation(s) below apply to Basic Group Life coverage. If no beneficiary is named, or if no beneficiary survives you, the insurance company will pay your insurance benefits in accordance with the Summary Plan Description.**

PRIMARY BENEFICIARY(IES) FOR BASIC GROUP LIFE INSURANCE		
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Benefit Percent:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Benefit Percent:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Benefit Percent:

CONTINGENT BENEFICIARY(IES) FOR BASIC GROUP LIFE INSURANCE		
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Benefit Percent:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Benefit Percent:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Benefit Percent:

**IF YOU ARE ENROLLED FOR SUPPLEMENTAL GROUP LIFE COVERAGE BENEFITS A SEPARATE BENEFICIARY DESIGNATION MUST BE COMPLETED ON PAGE 3 OF THIS FORM.**

## SUPPLEMENTAL and A.D.D. GROUP LIFE COVERAGE

### NAMING YOUR SUPPLEMENTAL and A.D.D. GROUP LIFE COVERAGE BENEFICIARY

Associate Name:	Social Security Number:	Policy Number: <b>233834-1-G</b>
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☐ Initial Beneficiary Designation(s)      OR      ☐ Change of prior beneficiary designation(s)      (check only one box)

If you have selected the "change of prior beneficiary designation" option above, you hereby revoke any previous beneficiary designation(s), if any, for your group insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

**Basic Group Life Coverage** Benefits and **Supplemental Group Life Coverage** Benefits will be paid in accordance with your beneficiary designations. **Individual Beneficiary designations must be made for each type of coverage selected under the Plan and/or Policy.** It is your responsibility to ensure that your designation remains accurate and reflects your intentions. Benefits will be paid based on the most recent valid designation.

**The beneficiary designation(s) below apply to Basic Group Life coverage. If no beneficiary is named, or if no beneficiary survives you, the insurance company will pay your insurance benefits in accordance with the Summary Plan Description.**

PRIMARY BENEFICIARY(IES) FOR SUPPLEMENTAL and A.D.D. GROUP LIFE INSURANCE		
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Benefit Percent:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Benefit Percent:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Benefit Percent:
CONTINGENT BENEFICIARY(IES) FOR SUPPLEMENTAL and A.D.D. GROUP LIFE INSURANCE		
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Benefit Percent:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Benefit Percent:
Name:	Relationship:	Date of Birth:
Address:		
Telephone:	Social Security Number or Tax Id Number:	Benefit Percent:

I understand and agree that I have designated a beneficiary for each of the coverages selected above. I understand and agree that if no beneficiary is named, or if no beneficiary survives me, the insurance company will pay my insurance benefits in accordance with the Summary Plan Description.

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