
Edward Jones Trust Company Managing Agency Account Authorization and Agreement Form (Business/Organization Accounts)

Account Holder Information

Account Holder Name(s)

Address

Account Holder Capacity

City, State, ZIP Code

Business/Organization Name

Email Address (optional)

Account Authorization

By my/our signature(s) below, I/we have received, read, and understand the Edward Jones Trust Company Managing Agency Account Agreement and agree to its terms, and I/we have received the document titled Edward Jones Trust Company Disclosures and Fee Schedule. I understand and acknowledge that a minimum one-year fee based upon the published fee schedule or negotiated fee schedule may apply to this account.

I/we certify that (1) the undersigned is/are the duly authorized representative(s) of the legal entity named above; (2) the entity is in good standing and authorized to conduct business under applicable state law; and (3) the organizing documents, agreements, and applicable laws governing the activities of the entity allow the establishment and maintenance of this account. I/we agree to promptly notify Edward Jones Trust Company if any of the certifications provided herein become inaccurate or incomplete.

(All signatories must initial)

Legal Structure Identification

Check appropriate box for federal tax classification (required):

- Individual/Sole Proprietor
- C Corporation
- S Corporation
- Partnership
- Unincorporated Association
- Limited Liability Company (please indicate whether for tax purposes it is treated as a C Corporation, S Corporation, Partnership, or Disregarded Entity) _____

W-9 Certification

Under penalties of perjury, I certify that: (1) the number displayed below is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including U.S. resident alien), and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.* Please note: If the IRS notified you that you are subject to backup withholding because of under-reporting (and notice has not been terminated by the IRS), please cross out statement (2) above.

Social Security Number/Tax Identification Number

Print Individual's Name or Entity's Name Registered with the IRS

**FATCA codes are only applicable to accounts maintained outside the U.S.*

The IRS does not require your consent to any provision of this document other than the certifications to avoid backup withholding.

THE EDWARD JONES TRUST COMPANY MANAGING AGENCY ACCOUNT AGREEMENT CONTAINS, ON PAGE 4 IN SECTION V, A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

Signature of Account Holder(s)

Capacity/Title

Date

Social Security Number

Date of Birth

Signature of Account Holder(s)

Capacity/Title

Date

Social Security Number

Date of Birth

Signature of Account Holder(s)

Capacity/Title

Date

Social Security Number

Date of Birth

Signature of EJTC

Name/Title

Date