

Edward Jones Trust Company Individual Retirement Account Authorization Form and Beneficiary Designation

A. Account Holder Information		
Name:		
Address:		
City:	State:	ZIP:
Date of Birth (DOB)/Trust:	Social Security Number (SSN)/Tax ID:	

B. Type of Account (Indicate one) <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA		
Inherited IRA: <input type="checkbox"/> No (Skip to Section C) <input type="checkbox"/> Yes (Answer the following)		
Deceased Individual's Name:		
Deceased's DOB:	Deceased's Date of Death (DOD):	Deceased's SSN:

C. Beneficiary Designations		
Primary Beneficiary Designations		
Primary A Percentage	Name:	Relationship to Account Holder:
	Address: City: State: ZIP:	
%	Tax ID/SSN: DOB:	Telephone:
Primary B Percentage	Name:	Relationship to Account Holder:
	Address: City: State: ZIP:	
%	Tax ID/SSN: DOB:	Telephone:
Primary C Percentage	Name:	Relationship to Account Holder:
	Address: City: State: ZIP:	
%	Tax ID/SSN: DOB:	Telephone:
Primary D Percentage	Name:	Relationship to Account Holder:
	Address: City: State: ZIP:	
%	Tax ID/SSN: DOB:	Telephone:

Contingent Beneficiary Designations		
Contingent to Primary: _____	Name:	Relationship to Account Holder:
	Address: _____ City: _____	State: _____ ZIP: _____
%	Tax ID/SSN: _____	DOB: _____ Telephone: _____
Contingent to Primary: _____	Name:	Relationship to Account Holder:
	Address: _____ City: _____	State: _____ ZIP: _____
%	Tax ID/SSN: _____	DOB: _____ Telephone: _____
Contingent to Primary: _____	Name:	Relationship to Account Holder:
	Address: _____ City: _____	State: _____ ZIP: _____
%	Tax ID/SSN: _____	DOB: _____ Telephone: _____
Contingent to Primary: _____	Name:	Relationship to Account Holder:
	Address: _____ City: _____	State: _____ ZIP: _____
%	Tax ID/SSN: _____	DOB: _____ Telephone: _____

D. Account Holder's Acceptance:

1. Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number.
2. I have received, read and understand the Edward Jones Trust Company Individual Retirement Account Trust Agreement applicable to the type of account indicated above and agree to its terms. I have received, read and understand the Individual Retirement Account (Trust) Disclosure Statement and Appendix applicable to the type of account indicated above and the Edward Jones Trust Company Disclosures and Fee Schedule.
- 3. THE EDWARD JONES TRUST COMPANY INDIVIDUAL RETIREMENT ACCOUNT TRUST AGREEMENT CONTAINS A BINDING ARBITRATION PROVISION, WHICH MAY BE ENFORCED BY THE PARTIES (PAGE 5, ARTICLE VIII, SECTION 15 OF THE TRADITIONAL IRA TRUST AGREEMENT AND PAGE 5, ARTICLE IX, SECTION 15 OF THE ROTH IRA TRUST AGREEMENT).**

Signature of Account Holder Date

Signature of Edward Jones Trust Company Representative Date

E. Beneficiary Designation – Spousal Consent

The Spousal Consent must be completed if a married Account Holder currently lives or previously lived in a community property state at any time during the marriage and does not name his/her spouse as 100% primary beneficiary.

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

Signature of Spouse Print Spouse’s Name Date

Witness for Spouse’s Signature:

Signature of Witness Print Witness’s Name Date