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

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### Account Holder Information

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Account Holder Name(s)

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Address

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Account Holder Capacity

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City, State, ZIP Code

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Business/Organization Name

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Email Address (optional)

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### 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.

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(All signatories must initial)

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## 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.*

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**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