

# Edward Jones Trust Company Managing Agency Account Authorization and Agreement Form (Trust and Fiduciary Accounts)

## Account Holder information

Account Holder name(s)	Address
Account Holder capacity	City, State, ZIP Code
Trust/Estate/Etc. name	Email address (optional)

**I would like to use Online Access.** (Email and mobile phone are required to set up Online Access.)

Email address: \_\_\_\_\_

Mobile number: \_\_\_\_\_

## Account authorization

By my/our signature(s) below, I/we acknowledge that 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 all the duly authorized and currently acting fiduciary(ies) of the trust/estate/etc. named above; (2) the above-referenced trust/estate/etc. continues in existence; and (3) the governing documents and applicable laws 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)

## Co-fiduciary accounts only

All persons acting jointly as fiduciaries (e.g., a co-trustee, co-personal representative, co-agent under a durable power of attorney, co-conservator, or co-guardian) must execute this Managing Agency Account Authorization and Agreement Form. Additionally, all such persons must unanimously agree to any instructions given to Edward Jones Trust Company, unless, by initialing below, the persons (1) authorize instructions to be given by the number of persons indicated below, and (2) certify that such a delegation is authorized under applicable law.

**Single Signature Authorized OR \_\_\_\_\_ Signatures Required**

*(circle single or insert number)*

\_\_\_\_\_  
(All signatories must initial)

**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 am exempt from backup withholding, or (b) 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 (C) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a 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/taxpayer 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 5 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