

Tax-Exempt Beneficiary Claim Form (Non-IRA)

Deceased Client's Account Registration:

Date: May 16, 2022

Account Number (10-digits):

- - -

Branch #: _____

Financial Advisor #: _____

Destination: Estates

Scan Title: Corporate Resolution

A completed and signed copy of this form must be provided along with a corporate resolution and IRS form W9 from the tax-exempt organization before a disbursement can be made from the deceased client's account.

I. Beneficiary Election

On behalf of the beneficiary organization below I am electing a lump sum distribution of the assets to which the organization is a designated beneficiary on the above referenced account.

Name of beneficiary organization: _____

Relationship to the original account owner: Charity/Tax-Exempt Organization

II. Delivery Instructions

Liquidate all assets and issue check for the proceeds payable to:

Mail check to: _____

III. Additional Certifications

Under penalties of perjury, I certify that the beneficiary organization named above is not subject to backup withholding, because it is exempt from withholding as a tax-exempt organization under applicable Federal and State tax law.

I hereby irrevocably elect to distribute the beneficial share of the beneficiary organization indicated above and I understand the tax and legal consequences of this election. I certify that the information provided on this form is true and correct to the best of my knowledge and release Edward Jones, its affiliates, and agents from any claims or liability for, or related to this document, the distribution as requested, and/or the processing thereof.

I further certify that the beneficiary organization listed above, that I am signing this document on behalf of, is duly organized and validly existing under the United States, any state, the District of Columbia, or any U.S. possession exclusively for charitable, educational, religious, scientific, literary, or such similar purposes, that I am an authorized agent of the beneficiary organization, and that Edward Jones may rely on my authority.

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By signing below, I authorize the above instructions, certify the information provided in this form is accurate and complete and confirm that I have selected a distribution option that is consistent with the organization's beneficiary status as a tax-exempt entity. I hereby direct Edward Jones to distribute the assets as set forth in this form.

B. Signature(s) - Authorized Person(s)

_____ Signature	_____ Printed Name and Capacity	_____ Date
_____ Signature	_____ Printed Name and Capacity	_____ Date
_____ Signature	_____ Printed Name and Capacity	_____ Date
_____ Signature	_____ Printed Name and Capacity	_____ Date