

**Transfer on Death Agreement Beneficiary Designation Form**

BOB JONES  
12555 MANCHESTER ROAD  
SAINT LOUIS, MO 63131-3729

Date: 07/20/2016  
Account Number: 997-57297-1-7  
Financial Advisor Number: 997997  
Branch Number: 09979  
Destination: Estates  
Scan Title: Transfer on Death Agreement  
Authorization ID: 16072000665

**Type of Account:** Single

**Primary Beneficiary Designation(s):**

A	100%	Name: JANE JONES	Relationship: Spouse
		SSN/Tax ID: On file	Date of Birth/Date of Trust: 05/28/1981
		Address: 123 MAIN STREET	Phone: 555-555-5555
		ANYTOWN, MO 63376-3915	

By signing below:

1. I designate as beneficiary(ies) of this account the individual(s) I have named on this Beneficiary Designation Form, which I have read and reviewed, and confirm the designation is complete and accurate.
2. I acknowledge that I have received, read and understand the Edward Jones Transfer on Death Agreement ("Agreement") and agree to its terms.
3. I acknowledge that any prior beneficiary designation for this account is hereby revoked.
4. I acknowledge that the beneficiary(ies) are eligible to receive assets under the terms of the Agreement.
5. I acknowledge that I have the authority to designate, change or revoke the beneficiary(ies) for this account as the Account Owner or an authorized representative of the Account Owner acting on specific authority to designate, change, or revoke the beneficiary(ies).

**I ACKNOWLEDGE THAT THE EDWARD JONES TRANSFER ON DEATH AGREEMENT CONTAINS IN SECTION 4 ON PAGE 3, A BINDING ARBITRATION PROVISION TITLED "ARBITRATION DISCLOSURE," WHICH MAY BE ENFORCED BY THE PARTIES.**

\_\_\_\_\_  
Bob Jones Date

\_\_\_\_\_  
Email Address



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