

J.P. Morgan Securities LLC
Member FINRA and SIPC

You can submit this form and any attachments by:

Secure Message

For instructions on how to submit this request by secure message, visit www.chase.com/brokerageforms.

Mail

J.P. Morgan Securities LLC
Attn: Retirement - WM
Mail Code: IL1-0291
10 S. Dearborn St.
Chicago, IL 60603

If you need help, contact our Client Service Center at (800) 392-5749 or submit your question by secure message on chase.com.

Use this form to

- Add a Power of Attorney (POA) to your J.P. Morgan Securities LLC (JPMS) brokerage account.

What you need to know

- You will also need to submit a copy of the durable Power of Attorney agreement along with this form.
- This *Certification of Agent Regarding POA* form is required to be completed on or after the date the POA document is executed.
- The Authorized Agent cannot be an employee of JPMS or an affiliate unless permitted as an exception under the company's policy.
- We cannot accept Chase Bank POA documents as they are for deposit accounts only.
- For your protection, a representative may call you to confirm a transaction before it is processed.
- For best results, complete this form using Adobe Reader. You will need to print a copy for your signature.

1. Tell Us About the Principal

<input type="text"/>	<input type="text"/>
Principal Name	Account Number

2. Tell Us About the Authorized Agent

<input type="text"/>		
Authorized Agent Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security or Tax ID Number	Date of Birth (month/day/year)	Phone Number

Citizenship Status (select one)

U.S. citizen

Resident alien

Country of Citizenship

The Authorized Agent is the person who has been granted authority by the Power of Attorney agreement.

The Authorized Agent must reside in the United States.

<input type="text"/>
Legal/Residential Address (no PO Box or "In care of" address)

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code

The Authorized Agent's Mailing Address is the same as their Legal/Residential Address. (If selected, it is not necessary to provide the Mailing Address below.)

<input type="text"/>
Mailing Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code

Optional duplicate mailing instructions. Select all that apply.

Mail duplicate **trading confirmations** to the Authorized Agent.

Mail duplicate **account statements** to the Authorized Agent.

INVESTMENT AND INSURANCE PRODUCTS ARE:

• NOT FDIC INSURED • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY

• NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, JPMORGAN CHASE BANK, N.A. OR ANY OF ITS AFFILIATES

• SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED

3. Authorized Agent Identification Information

Identification Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
ID Type	ID Issue Date (month/day/year)	ID Expiration Date (month/day/year)
<input type="text"/>	<input type="text"/>	
ID State/Country	Identification Number	

4. Authorized Agent Employment Information

- Employed
- Self-employed
- Retired (Please provide previous Occupation and Employer Name.)
- Not employed (Please provide previous Occupation and Employer Name.)

<input type="text"/>		
Occupation		
<input type="text"/>		
Employer Name		
<input type="text"/>		
Employer Mailing Address (no PO Box or "In care of" address)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code

5. Affiliations Information

JPMS Affiliations

Is the Authorized Agent a spouse of, or financially supported by an employee of JPMS or an affiliate?

- No Yes

If 'Yes,' who is the affiliated person?

- Other

<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee SID	J.P. Morgan Email Address	Employee Name

Is the Authorized Agent a securities/FINRA registered employee of JPMS or an affiliate, or associated with (spouse or supported by) a securities/FINRA registered employee of JPMS or an affiliate, or are otherwise required by JPMS or an affiliate to preclear trades in your brokerage account?

- No Yes

If you are filling this form out by hand, you will have to fill in the Authorized Agent's name. If you are filling out this form electronically, the Authorized Agent's name will automatically populate.

<input type="text"/>	<input type="text"/>
Account Holder's Name	Account Number

Institutional Affiliations

Is the Authorized Agent employed by FINRA?

No Yes; If 'Yes,' please provide the following information.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Person	Employer Name	Attention/In care of:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Address Line 1	City	State/Province
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Address Line 2	Country	Postal/ZIP Code

Is the Authorized Agent employed by, or a spouse of, or financially supported by an employee of a broker-dealer or FINRA member firm (other than JPMS or an affiliate) or an investment advisor?

No Yes; If 'Yes,' please provide the following information.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Person	Employer Name	Attention/In care of:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Address Line 1	City	State/Province
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Address Line 2	Country	Postal/ZIP Code

Is the Authorized Agent employed by, or a spouse of, or financially supported by an employee of a Futures Commission Merchant (FCM), municipal securities dealer or MSRB member firm, or ISE member firm (other than JPMS or an affiliate), or otherwise required to provide us with written approval from your employer prior to opening a brokerage account?

No Yes; If 'Yes,' please provide the following information.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Person	Employer Name	Attention/In care of:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Address Line 1	City	State/Province
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Address Line 2	Country	Postal/ZIP Code

Insider Affiliations

Is the Authorized Agent or their spouse on the board of directors, a control person/executive officer, or at least a 10% shareholder/owner of a public (or publicly-traded) corporation?

No Yes

If 'Yes,' who is the affiliated person?

Other

If you are filling this form out by hand, you will have to fill in the Authorized Agent's name. If you are filling out this form electronically, the Authorized Agent's name will automatically populate.

Company Symbol	Company Name	Exchange Trade
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>
Account Holder's Name	Account Number

6. Certification

To induce J.P. Morgan Securities LLC (together with its affiliates, **J.P. Morgan**) to permit the Authorized Agent to act on behalf of the Principal, I sign below as the Authorized Agent certifying that the following statements are true and complete:

- **POWER OF ATTORNEY:** The attached power of attorney (**POA**) agreement is an original or a true and correct copy.
- **DURABLE:** The attached POA is "durable," meaning that its effectiveness survives the subsequent disability or incompetence of the Principal.
- **EFFECTIVENESS:** The Principal was legally competent when he/she executed the attached POA; is now alive; and has never revoked, modified, amended or repudiated the attached POA, which remains in full force and effect. Revocation or termination of the POA shall be ineffective as to J.P. Morgan unless and until actual written notice of such revocation or termination or the death of the Principal is received by J.P. Morgan at the following address: J.P. Morgan Securities LLC, Attn: Account Processing, Mail Code: IL1-0291, 10 S. Dearborn St., Chicago, IL 60603.
- **GENERAL POWER; SCOPE:** The purpose and effect of the attached POA is for the Principal to give the Authorized Agent broad and general authority over the Principal's securities and other financial assets (**Assets**), which may include the Authorized Agent's authority to: (a) open, maintain and close investment accounts in the name of the Principal, executing all associated documentation on the Principal's behalf; (b) make deposits and withdrawals from such accounts and order the transfer of any securities, funds or other property to any name, including themselves and third parties; (c) buy, sell and trade Assets within such accounts; and (d) otherwise deal with the Principal's Assets in according with the POA and applicable state law.
- **RELIANCE; INDEMNITY:** In consideration of J.P. Morgan's reliance on the Authorized Agent's position as a fiduciary for the Principal and the Authorized Agent's obligation to understand and abide by the scope of the authority granted by the attached POA, the Authorized Agent hereby agrees to indemnify and hold J.P. Morgan harmless against any and all claims that might arise against J.P. Morgan by reason of its reliance on this Certification and the associated POA or executing any instruction given by the Authorized Agent regarding the Principal's Assets.

7. Authorized Agent Signature

Authorized Agent Signature	Date (month/day/year)
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8. Notary

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF _____) COUNTY OF _____) Subscribed, sworn to and acknowledged before me by _____ Name of Document Signer (above) this _____ day of _____, _____ Day Month Year _____ Signature of Notary Public	Place Stamp Here <div style="border: 1px solid black; width: 80%; height: 150px; margin: 0 auto;"></div> My commission expires _____
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Account Holder's Name	Account Number
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Use the below lists of valid identification options for ID Validation.

U.S. Citizen

Primary ID

U.S. Driver's License (with photo)

Birth Certificate (minors only)

Social Security Card (minor/senior/disabled)*

U.S. State-issued ID (with photo)

U.S. Military/Veteran's ID (with photo)

U.S. Tribal or Bureau of Indian Affairs ID (with photo)

U.S. Passport (with photo)

Resident Alien

Primary ID

Passport (with photo)

Matricula/Consular Card

Permanent Resident Card/Green Card (with photo)**

* A Social Security card may only be used as a Primary ID if the client is a minor, senior or person with a disability.

** A Permanent Resident Card (Green Card) with photo must be used as the Primary ID if one has been issued. If one has not been issued, a Resident Alien may use a Matricula/Consular Card or Passport (with photo). Non-U.S. citizens without a Permanent Resident Card (Green Card) with photo must provide a Primary or Secondary ID displaying their current U.S. residential address. EXCEPTION: When the client provides a Passport as Primary ID and a Student INS Form I-20, ICE Form I-20 or DS-2019 as Secondary ID, the IDs are not required to display his/her current U.S. residential address.