

J.P. Morgan Securities LLC
Member FINRA and SIPC

You can submit this form and any attachments by

Secure Message
Visit www.chase.com/brokerageforms for instructions on how to submit this request online by Secure Message.

Fax
(866) 786-4780

Mail
J.P. Morgan Securities LLC
Attn: Asset Movement - WM
10 South Dearborn Street
Chicago, IL 60603

If you need help, contact our Client Service Center at (800) 392-5749 or submit a Secure Message through chase.com.

Use this form to

- Authorize a third-party check disbursement from your J.P. Morgan Securities LLC ("JPMS") investment account.

What you need to know

- If you are electing to close out your account, be aware that any residual credits will be sent to the payee referenced below for the 180 days following this request.
- Ensure there is enough cash in your account to cover the amount of the requested distribution and any fees before submitting this form. The request will not be processed if there are insufficient funds to cover the request.
- If you are submitting this form by Secure Message, notarization is not required. This form must be notarized only if you are submitting it by fax or mail.
- For your protection, we may call you at the number on file for your account to confirm this transaction before it is processed.
- For best results, complete this form using Adobe Acrobat Reader. You will need to print a paper copy for your signature (and notarization, if necessary). If completing by hand, write your name and account number in the space provided on each page.
- If multiple checks are requested (for different check amounts, payees, mailing address, etc.), you will need to submit a separate form for each request.

1. Tell Us About Your Account

Your Name

Your Account Number

2. Tell Us About Your Disbursement

For full disbursements, you must have only cash in your account.

- Full disbursement - Keep my account open.
- Full disbursement - Close my account.
- Partial disbursement - I would like to disburse the following amount:

3. Tell Us About The Third-Party Payee

If you are closing your account, all residual credits will be sent to the third-party payee listed here.

Payee Name

Mailing Address

City

State

ZIP Code

- Optional overnight delivery:** Please send this check overnight using the delivery instructions above. Overnight delivery requests will expedite a check's receipt, but only after the transaction itself is processed. Overnight delivery fees can be found at <http://www.chase.com/online-investing-fees>. Please note that overnight delivery to a PO box is unavailable.

What additional information, if any, do you want to appear on the check?

- Your name
- Your brokerage account number
- Other (specify)

For your security, your name and/or JPMS brokerage account number will only appear on the check if you request it here.

**INVESTMENT AND INSURANCE PRODUCTS:
• NOT A DEPOSIT • NOT FDIC INSURED • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY
• NO BANK GUARANTEE • MAY LOSE VALUE**

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4. Authorization

By signing below, I authorize J.P. Morgan Securities LLC ("JPMS") to create the third-party check indicated on this form.

<input type="text"/>	<input type="text"/>
Primary Account Holder Signature	Date (month/day/year)
<input type="text"/>	<input type="text"/>
Joint Account Holder Signature	Date (month/day/year)

5. Identity Verification & Notary - Notary section must be completed by a Notary Public

If you are submitting this form by Secure Message, notarization is not required.

If you are submitting this form by fax or mail, please have a notary public complete the verifications below per the account holder signatures in Section 4.

Primary Account Holder Identity Verification

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) SS: <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto; text-align: center;">Place Stamp Here</div> My commission expires _____
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Joint Account Holder Identity Verification

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) SS: <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto; text-align: center;">Place Stamp Here</div> My commission expires _____
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