

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 by secure message.

Fax

(800) 805-3909

Mail

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

If you have questions, send us a secure message on chase.com or contact us at (800) 392-5749.

Use this form to

- Set up, change or cancel statement consolidation for your J.P. Morgan Securities LLC (**JPMS**) accounts.

What you need to know

- Anyone with online access to the primary account will have access to view the entire consolidated statement online.
- If you are changing statement consolidation for more than 6 accounts, submit additional copies of this form.
- For your protection, a representative may call you to confirm this transaction before processing it.
- For best results, complete this form using Adobe Reader. You will need to print a copy for your signature.
- Keep a copy of this request for your records.

1. Tell Us About the Primary Account

<input type="text"/> Account Holder Name(s)	<input type="text"/> Account Number
<input type="text"/> Account Holder Signature	<input type="text"/> Date (month/day/year)
<input type="text"/> Joint Account Holder Signature (if applicable)	<input type="text"/> Date (month/day/year)

For the primary account, your signature is required only if you are requesting to add a new account to your statement consolidation.

2. Tell Us About Your Updated Statement Consolidation

- Discontinue ALL statement consolidations with the primary account above.

Additional Account 1

<input type="text"/> Account Holder Name(s)	<input type="text"/> Account Number
Would you like to Add this account to or Remove this account from the consolidated statement with the account in Section 1?	
<input type="radio"/> Add <input type="radio"/> Remove	
<input type="text"/> Account Holder Signature	<input type="text"/> Date (month/day/year)
<input type="text"/> Joint Account Holder Signature (if applicable)	<input type="text"/> Date (month/day/year)

For additional accounts 1-6, your signature is required only if you are requesting to add a new account to your statement consolidation.

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

Additional Account 2

<input type="text"/>	<input type="text"/>
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Account Holder Name(s)

Account Number

Would you like to Add this account to or Remove this account from the consolidated statement with the account in Section 1?

Add Remove

<input type="text"/>	<input type="text"/>
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Primary Account Holder Signature

Date (month/day/year)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Joint Account Holder Signature (if applicable)

Date (month/day/year)

Additional Account 3

<input type="text"/>	<input type="text"/>
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Account Holder Name(s)

Account Number

Would you like to Add this account to or Remove this account from the consolidated statement with the account in Section 1?

Add Remove

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Primary Account Holder Signature

Date (month/day/year)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Joint Account Holder Signature (if applicable)

Date (month/day/year)

Additional Account 4

<input type="text"/>	<input type="text"/>
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Account Holder Name(s)

Account Number

Would you like to Add this account to or Remove this account from the consolidated statement with the account in Section 1?

Add Remove

<input type="text"/>	<input type="text"/>
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Primary Account Holder Signature

Date (month/day/year)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Joint Account Holder Signature (if applicable)

Date (month/day/year)

Additional Account 5

<input type="text"/>	<input type="text"/>
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Account Holder Name(s)

Account Number

Would you like to Add this account to or Remove this account from the consolidated statement with the account in Section 1?

Add Remove

<input type="text"/>	<input type="text"/>
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Primary Account Holder Signature

Date (month/day/year)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Joint Account Holder Signature (if applicable)

Date (month/day/year)

<input type="text"/>

Account Holder Name

<input type="text"/>

Account Number

Additional Account 6

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Account Holder Name(s)

Account Number

Would you like to Add this account to or Remove this account from the consolidated statement with the account in Section 1?

Add Remove

--	--

Primary Account Holder Signature

Date (month/day/year)

--	--

Joint Account Holder Signature (if applicable)

Date (month/day/year)

--

Account Holder Name

--

Account Number