

J.P. Morgan Securities LLC
Member FINRA and SIPC

For your protection, a representative may call you at the number on file for your account to confirm this transaction before it is processed.

ACCOUNT HOLDER NAME (PLEASE PRINT IN ALL CAPITAL LETTERS)

JPMS Account Number

Use this form to rescind your authorization for an outgoing ACAT or non-ACAT transfer from your J.P. Morgan Securities LLC (JPMS) brokerage account.

Attention:

Contact the Service Center at (800) 392-5749 if your rescind instruction wasn't successful and you want to transfer your brokerage back to JPMS. Please note the following if you transfer your account back to JPMS:

- If your request to transfer back to JPMS is more than 6 months from date of your transfer out, a new JPMS account will be required.
- Certain managed accounts will need a new proposal.
- You will need to contact the Service Center to reestablish certain account features including but not limited to reoccurring payment plans, good 'til cancel orders (GTC), etc.

1. Contra Firm (Receiving Institution) Account Information

This request serves as a written notice to rescind your previously authorized instructions to transfer the above-referenced JPMS brokerage account to another financial institution.

Receiving Firm Name

Account Number at Receiving Firm

2. Account Holder Signature(s)

This authorization will be processed by JPMS to prevent the transfer of assets, including future residual activity related to any previously executed transfer instructions, from your JPMS brokerage account. Although JPMS will do its best to honor this request for rescission, unfortunately there is no guarantee that JPMS will be able to reverse the process in time to stop this account from transferring out. If the transfer cannot be stopped, please initiate a new transfer request via www.chase.com to return the assets to JPMS. I understand that if this form is not received within the necessary time period, JPMS is not responsible for any fees that may be incurred as a result of the transfer requested.

Account Holder Signature

Date (mm/dd/yyyy)

Account Holder Signature (if applicable)

Date (mm/dd/yyyy)

Please keep a copy of this form for your records.

After reviewing and signing this form, please fax this form and any attachments to (866) 786-4788.

Questions? Please call us at (800) 392-5749.