J.P.Morgan

Wire Transfer Request from Non-Retirement Account

J.P. Morgan Securities LLC Member FINRA and SIPC

You can submit this form and any attachments by:

Secure Message

Visit <u>www.chase.com/</u> <u>brokerageforms</u> 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 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

• Authorize an outgoing wire transfer from your J.P. Morgan Securities LLC (JPMS) investment account.

What you need to know

- 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 may 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 processing it.
- For best results, complete this form using Adobe Reader. You will need to print a copy for your signature (and notarization, if necessary).
- This form cannot be used to close your investment account.

1. Tell Us About Your Account

| Account Holder Name | |
|---------------------|--|
| | |

Account Number

2. Amount of Wire

The dollar amount listed below plus the wire fee will be debited from your account.

Dollar Amount (U.S. dollars only; do not include wire fee below)

Wire Fee

wire fee. Fees are subject to change without notice. Fees do not apply to all account types.

enough cash available in your account to cover the

Ensure you have



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3. Who is the Wire Being Sent To? **Confirm the Wire Routing** Number with your bank or financial institution. A Bank/Financial Institution Name financial institution's wire and checking/saving routing numbers are not always the same. Wire Routing Number Bank/Financial Institution Account Number Bank/Financial Institution Account Holder Name **Intermediary Bank/Financial Institution Details** Not all banks and financial institutions can receive wires directly through the Fed Funds wire system. In these situations, wires are routed through an intermediary bank or financial institution that then credits an account established for the receiving bank or financial institution. If this applies, please provide the intermediary bank/financial institution details below. Intermediary Bank/Financial Institution Name Intermediary Bank/Financial Institution Account Number **Special Instructions** In some cases, the receiving bank or financial institution may need additional information in order to credit those funds to the right party. Typical examples include situations where the account number belongs to another financial firm or pension plan. If this applies, please provide the additional information below. Account Number Instruction Description **Final Recipient Name** Reference Details (optional)

Account Holder Name

Account Number



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4. Authorization

This form requires notarization if it is being sent by fax or mail. If notarization is required, do not sign this section until you are in the presence of a notary public. See Section 5.

Primary Account Holder Signature

Date (month/day/year)

Joint Account Holder Signature (if applicable)

Date (month/day/year)

5. Identity Verification

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

Joint Account Holder Identity Verification (if applicable)

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 |) SS: |
|--|-----------------------|
| COUNTY OF |) |
| Subscribed, sworn to and acknowledged before me by | |
| Name of Document Signer (above) | , |
| this day of , , Year | |
| Signature of Notary Public | My commission expires |

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 | Place Stamp Here |
|--|-----------------------|
| COUNTY OF |) SS:) |
| Subscribed, sworn to and acknowledged before me by | |
| Name of Document Signer (above) | , |
| this day of , Year | |
| Signature of Notary Public | My commission expires |

Account Holder Name

Account Number