

**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](http://www.chase.com/brokerageforms) for instructions on how to submit this request online by Secure Message.

**Mail**  
J.P. Morgan Securities LLC  
Attn: JPMS Cashiers Dept.  
Mail Code: NY1-C060  
4 Chase Metrotech Center  
Brooklyn, NY 11245-0001

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

### Use this form to

- Request the release of funds held because of a stop payment on a lost, stolen or destroyed check.

### What you need to know

- The funds associated with the stop payment will remain on hold until this request is completed and approved.
- This request does not authorize a new check to be issued. A separate request is required to disburse funds from your account.
- If there are more than two Account Holders, please submit additional copies of this request.
- For your protection, a representative may call you to confirm this request before it is processed.
- 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 Your Account

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

## 2. Declaration and Indemnity Agreement

<input type="text"/>	<input type="text"/>
State Of:	Country

The above-named Account Holder(s) declares that the following check, issued by J.P. Morgan Securities LLC (JPMS) and belonging to Account Holder(s), has been lost, stolen or destroyed and that the obligation evidenced by that check has not been sold, transferred, assigned or pledged to any person whatsoever and that Account Holder(s) is entitled to the full and exclusive possession of said check.

In consideration whereof, Account Holder(s) agree, at all times hereafter, to save, defend, hold harmless and indemnify JPMS, its successors and assigns, from and against said item and all claims of whatever nature arising there from and from all costs and expenses, including, but not limited to, attorney fees to the extent allowed by law, that may arise from the presentation, collection or attempted collection of such original check, for which JPMS can exercise its right of set-off.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Check Number	Dollar Amount	Date of Check Issuance (month/day/year)

Reason stop payment was requested (select one)

- Lost  
 Stolen  
 Destroyed

*The money from the stop payment will remain on hold until this form is completed. The check can be reissued only after we receive and approve this request.*

**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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### 3. Account Holder Signature

Account Holder Signature

Date (month/day/year)

#### Account Holder 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 _____ )	SS: <input type="text"/>	Place Stamp Here <input type="text"/>
Subscribed, sworn to and acknowledged before me by _____ Name of Document Signer (above), this _____ day of _____, _____ Day Month Year		
_____ Signature of Notary Public	My commission expires _____	

Your Name

Your Account Number