J.P.Morgan

J.P. Morgan Securities LLC Member FINRA and SIPC

You can submit this form and any attachments by:

Secure Message

For instructions on how to submit this request by secure message, visit www.chase.com/ brokerageforms.

Fax (866) 786-4780

(800

Mail J.P. Morgan Securities LLC Attn: Transfer-WM 10 S. Dearborn St. Chicago, IL 60603

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

Use this form to

• Authorize a third-party check disbursement from your J.P. Morgan Securities LLC (**JPMS**) brokerage account.

Third-Party Check Request from a

Non-Retirement Account

What you need to know

- If you elect to close your account, residual credits will be sent to the payee referenced below 180 days following this request.
- Ensure there are sufficient funds in your account to cover the disbursement amount and any fees before submitting this form. Your request will not be processed if there are insufficient funds to cover it.
- If you want your disbursement issued across multiple checks (e.g., for different amounts, payees or mailing addresses), please submit a separate form for each request.
- Notarization is not required if you submit this form by secure message. If you submit it by fax or mail, it needs to be notarized.
- For best results, complete this form using Adobe Reader. You will need to print a paper copy for your signature (and notarization, if submitting by fax or mail).

1. Tell Us About Your Account

Your Name	
Your Account Number	

2. What Type of Disbursement Are You Taking?

- **Full disbursement:** Keep my account open.
- **Full disbursement:** Close my account.

O **Partial disbursement:** Disburse the following amount from my account:

3. Tell Us About the Third-Party Payee

bunt, I be				
	Payee Name			
	Mailing Address			
	City	State	ZIP Code	
onal s can	Optional overnight delivery (not available for a PO Box): Send this check overnight using the delivery instructions above. Overnight delivery requests will expedite a check's receipt after the transaction itse			
1/	is processed.			
	What additional information, if any, do you want on the check?			
ur	My name			
mber ck	My JPMS brokerage account number			
ere.	Other (specify)			

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

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

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

There may be additional fees associated with overnight delivery. Overnight delivery fees can be found at chase.com/ online-investing-fees.

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

4. Authorization

By signing below, I authorize JPMS to create the third-party check as indicated on this form.

Primary Account Holder Signature	Date (month/day/year)
Joint Account Holder Signature	Date (month/day/year)

5. Identity Verification

If you submit this form by secure message, notarization is not required. If you submit this form by fax or mail, notarization is required and a notary public needs to complete the box below.

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

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) SS:
Name of Document Signer (above) this day of,, Year	
Signature of Notary Public	My commission expires