

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 form by secure message, visit

www.chase.com/brokerageforms.

Mail

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

If you have questions, please send us a secure message on chase.com.

Use this form to

- Authorize removal of a joint account holder from a J.P. Morgan Securities LLC (**JPMS**) brokerage account.

What you need to know

- Your JPMS account uses the Social Security number of the primary account holder for tax reporting purposes. As a result, the primary account holder cannot be removed from the account.
- Do not use this form to remove a primary account holder from the account. Instead, any remaining account holders need to submit an application for a new JPMS brokerage account.
- All account holders must sign the same *Remove a Joint Account Holder* form.
- If your current JPMS account has margin, collateral and/or option privileges, the request will not be processed until a new *Margin, Collateral and/or Options Agreement* is approved.
- To remove a joint account holder due to death, attach a copy of a death certificate.
- To remove a deceased joint account holder on a Community Property, Tenants by Entirety or Tenants in Common account, submit a death certificate. Due to the nature of these accounts, a separate verification may be needed through our Estates Services department.
- For best results, complete this form using Adobe Reader. You will need to print a copy for your signature(s) and notarization(s).

1. Tell Us About Your Account

Primary Account Holder Name

Account Number

2. Tell Us About the Joint Account Holder(s) to be Removed

Joint Account Holder 1 Name

Reason for removal (select one)

- ☐ Joint account holder is deceased (attach death certificate)
- ☐ Joint account holder disclaims ownership (joint account holder(s) sign the signature page)

Joint Account Holder 2 Name (if applicable)

Reason for removal (select one)

- ☐ Joint account holder is deceased (attach death certificate)
- ☐ Joint account holder disclaims ownership (joint account holder(s) sign the signature page)

Joint Account Holder 3 Name (if applicable)

Reason for removal (select one)

- ☐ Joint account holder is deceased (attach death certificate)
- ☐ Joint account holder disclaims ownership (joint account holder(s) sign the signature page)

Disclaiming ownership of joint assets may have tax consequences. Please consult your tax professional before taking action.

INVESTMENT AND INSURANCE PRODUCTS:

• NOT A DEPOSIT • NOT FDIC INSURED • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY
• NO BANK GUARANTEE • MAY LOSE VALUE

3. Account Holder Signature(s) and Identity Verification

Primary Account Holder Signature and 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 _____,
Name of Document Signer (above)
this _____ day of _____, _____.
Day Month Year

Signature of Notary Public

SS:

Place Stamp Here

My commission expires _____

Joint Account Holder 1 Signature and 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 _____,
Name of Document Signer (above)
this _____ day of _____, _____.
Day Month Year

Signature of Notary Public

SS:

Place Stamp Here

My commission expires _____

Joint Account Holder 2 Signature and Identity Verification

Joint Account Holder 2 Signature (if applicable)

Date (month/day/year)

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

Name of Document Signer (above)

this

Day

 day of

Month

,

Year

Signature of Notary Public

)

)

SS:

Place Stamp Here

My commission expires

Joint Account Holder 3 Signature and Identity Verification

Joint Account Holder 3 Signature (if applicable)

Date (month/day/year)

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

Name of Document Signer (above)

this

Day

 day of

Month

,

Year

Signature of Notary Public

)

)

SS:

Place Stamp Here

My commission expires