

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

(800) 805-3909

Mail

J.P. Morgan Securities LLC
Attn: Account Processing
IL-0291 4th Floor
131 South Dearborn St
Chicago, IL 60603-5506

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

Use this form to

- Authorize the removal of a joint account holder on an existing J.P. Morgan Securities LLC (**JPMS**) brokerage account.

What you need to know

- The 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.
- If the primary account holder wishes to be removed from the account, do not use this form. Instead, the remaining account holder(s) need to submit an application for a new brokerage account.
- All account holders must sign the same form.
- If the current 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.
- If you are removing a joint owner due to death, you must attach a copy of a death certificate.
- To remove a deceased joint owner on a Community Property, Tenants by Entirety, or Tenants in Common account, you will need to submit a death certificate. Due to the nature of these accounts, a separate verification may be needed through the Estates Department.
- For your protection, a representative may call you to confirm this transaction before it is processed.
- For best results, complete this form using Adobe Reader. You will need to print a copy for your signature(s).
- Keep a copy of this request for your records.

1. Tell Us About the Account

Primary Account Holder Name

Account Number

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

Joint Account Holder Name 1

Reason for the Removal (select one)

- Joint Account Holder is deceased (please attach a death certificate)
- Joint Account Holder disclaims ownership (please have Joint Account Holder(s) sign below)

Joint Account Holder Name 2

Reason for the Removal (select one)

- Joint Account Holder is deceased (please attach a death certificate)
- Joint Account Holder disclaims ownership (please have Joint Account Holder(s) sign below)

Joint Account Holder Name 3

Reason for the Removal (select one)

- Joint Account Holder is deceased (please attach a death certificate)
- Joint Account Holder disclaims ownership (please have Joint Account Holder(s) sign below)

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

INVESTMENT AND INSURANCE PRODUCTS ARE:

**• 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 Notary

Primary Account Holder 1 Signature and Notary

_____	_____
Primary Account Holder Signature	(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 _____) SS: Subscribed, sworn to and acknowledged before me by _____ Name of Document Signer (above), this _____ day of _____, _____ . Day Month Year _____ Signature of Notary Public	Place Stamp Here	My commission expires _____
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Joint Account Holder 1 Signature and Notary

_____	_____
Joint Account Holder Signature	(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 _____) SS: Subscribed, sworn to and acknowledged before me by _____ Name of Document Signer (above), this _____ day of _____, _____ . Day Month Year _____ Signature of Notary Public	Place Stamp Here	My commission expires _____
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_____	_____
Account Holder Name	Account Number

3. Account Holder Signature(s) and Notary

Joint Account Holder 2 Signature and Notary

_____	_____
Joint Account Holder Signature	(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 _____)	SS: _____	Place Stamp Here
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 _____	

Joint Account Holder 3 Signature and Notary

_____	_____
Joint Account Holder Signature	(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 _____)	SS: _____	Place Stamp Here
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 _____	

_____	_____
Account Holder Name	Account Number