

J.P.Morgan Valuation Request

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
(855) 605-0487

Regular Mail
J.P. Morgan Securities LLC
Attn: Estate Team
IL1-0296 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

- Request the value of an account on a specific date (can be used for living or deceased account).
- Request a step-up in cost basis.

What you need to know

- Date of death valuations are calculated using the mean average price method, which takes the high and low prices of each security on the date requested and averages their values.
- Point in time valuations are calculated based on the closing price methodology, which uses the market's closing price of each security on the date requested.
- While information will be obtained from sources we consider to be reliable, J.P. Morgan Securities LLC (JPMS) does not guarantee its accuracy or use for a particular purpose, and such information may be incomplete or condensed. Clients should make use of their statement for additional information.
- JPMS does not provide tax or legal advice. You should consult with your tax or legal professional before making any decisions.
- For your protection, a representative may call you at the number on file for your account to confirm this transaction before it is processed.
- A copy of the death certificate must accompany this form when the request is due to death.
- Executors must provide a court appointment, if not previously provided.

1. Tell Us About the Account

Account Holder/Beneficiary/Executor Name

Account Number Currently Holding Assets

2. Valuation Details

What type of valuation are you requesting? (select one)

- Date of Death (Inverse Weighted Mean Pricing) A death certificate is needed to process this request.
- Point in time (Closing Price)
- Alternate Date (Average Pricing)

Valuation Date (month/day/year)

Account Number that Held the Assets on the Valuation Date

3. Request to Step-Up Cost Basis (Date of Death valuations only)

What type of step-up in cost basis are you requesting? (select one)

- No step-up
- Half step-up (all beneficiaries/executors must sign)
- Full step-up (all beneficiaries/executors must sign)

A step-up in cost basis applies the calculated date of death security values as the beneficiaries' cost basis.

Step-up cost basis is applied to the securities in the decedent's account PRIOR to a distribution or sell transaction.

4. Where To Mail The Completed Valuation

Complete this section if you want the valuation mailed.

Account Holder/Beneficiary/Executor Name

Mailing Address (P.O. Box may NOT be used for overnight delivery, delivery to a financial institution is not permitted.)

City

State

ZIP Code

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

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5. Signature(s)

If there are more than two executor/beneficiary signatures needed, please submit an additional copy of the signature page.

Account Holder/Beneficiary/Executor Signature	Date (month/day/year)
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Account Holder/Beneficiary/Executor Name
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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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Additional Signer

Additional Signer Signature	Date (month/day/year)
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Additional Signer Name

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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