

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) 786-4788

Mail

J.P. Morgan Securities LLC
Attn: Retirement - WM
Mail Code: IL1-0291
10 S. Dearborn St.
Chicago, IL 60603

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

Use this form to

- Authorize a one-time withdrawal from your J.P. Morgan Securities LLC (JPMS) Roth or Traditional Individual Retirement Account (IRA) (including SEP-IRA and Beneficiary IRA).
- Authorize a one-time direct rollover from an IRA to an employer-sponsored plan.
- Authorize the return of an excess IRA contribution.

What you need to know

- Don't use this form to make a distribution to a Chase checking or savings account unless this request is for a Return of Excess Contribution. A distribution to a Chase account (except for Return of Excess Contribution) MUST be completed online on chase.com using the Pay & transfer tab.
- If your distribution would lower your account balance below \$250, we will not process the request. If the market value of your account lowers after this request is submitted and prior to the distribution, we will provide a partial distribution that keeps your account balance at \$250 if necessary.
- Tax withholding on any partial distributions will be made in accordance with the withholding election for your original distribution request.
- This form must be notarized only if you are submitting this form by fax or mail, and you have selected an option in Section 3 or 5 that indicates notarization is required. If you are submitting the form by Secure Message, notarization is not required.
- Don't use this form for a recharacterization, Roth conversion, qualified charitable distribution or trustee-to-trustee transfer.
- You may only roll over one IRA distribution in any 12-month period, regardless of the number of IRAs you own or distributions you take (that is, one 60-day IRA-to-IRA rollover in a 12-month period).
- Although you can't use this form to complete the following transactions, you may make unlimited trustee-to-trustee transfers between IRAs of the same type, conversions between Traditional and Roth IRAs, and rollovers from a qualified retirement plan to an IRA.
- See IRS Publication 590-B at www.irs.gov or talk to your tax advisor to learn more about IRA distributions.
- Before submitting this form, ensure that JPMS has your current address on file. We will apply the tax withholding requirements of the state listed as your state of residence in our records.
- All distributions will be paid out in cash and should take 4-5 business days to process.
- For best results, complete this form using Adobe Reader. You will need to print a copy for your signature (and notarization, if necessary).

1. Tell Us About Your Account

Your Name

Your Account Number

2. Tell Us About Your IRA

For Roth IRAs only, in order for a distribution to be "qualified," as defined by the Internal Revenue Code, a client must meet the 5-year holding period requirement. You are responsible for tracking the 5-year holding period. If you indicate below that you have met the Roth IRA 5-year holding period requirement, JPMS will review its records to confirm the holding period has been satisfied. If it has not been met, you will be required to complete a new form.

Select only one.

If you're not sure what type of IRA you have, you can look at the name of the account on the investment statement. If it doesn't specifically indicate "Roth," select "Traditional IRA."

- This is a **Traditional IRA**; therefore, the 5-year holding period requirement does not apply.
- This is a **Roth IRA** and I have met the 5-year holding period requirement by holding this Roth IRA account at JPMS for 5 years or more.
- This is a **Roth IRA** and I have met the 5-year holding period requirement by holding this Roth IRA account at JPMS and another firm for 5 years or more. *(Please provide account statements from your prior firm to prove that you held the Roth IRA for 5 years or more.)*
- This is a **Roth IRA**, but I have not met the 5-year holding period requirement or I don't know if I have met the requirement.

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

3. What Type of Distribution Are You Taking?

Select only one.

See Section 72(t)(2) of the Internal Revenue Code and speak with your tax advisor to see if you qualify for an early distribution exception.

- Normal Distribution** – I'm age 59½ or older.
- Early Distribution: No Exceptions** – I'm under the age of 59½ with no known exceptions.
- Early Distribution: Exception for First Time Home Purchase** – I'm under the age of 59½; I understand there is a lifetime limit of \$10,000.
- Early Distribution: Exception for Health Insurance Premiums** – I'm under the age of 59½; I have received unemployment compensation for 12 weeks.
- Early Distribution: Exception for Qualified Higher Education Expenses** – I'm under the age of 59½.
- Early Distribution: Exception for Qualified Birth or Adoption Distribution** (cash distribution only) – I'm under the age of 59½; I understand there is a limit of \$5,000 per child.
- Early Distribution: Exception for Medical Expenses in Excess of 10% of My Adjusted Gross Income** – I'm under the age of 59½.
- Disability Distribution** – I certify I am disabled as defined in Section 72(m)(7) of the Internal Revenue Code.
- Distribution to Beneficiary, Executor, Trustee or Representative from previously established Beneficiary IRA.**
- Direct Rollover from your Roth or Traditional IRA (including SEP-IRAs) to an Employer-Sponsored Plan:** A signed letter of acceptance from the receiving employer-sponsored plan administrator must be submitted with this form. If this form is submitted by fax or mail, it must be notarized. It does not need to be notarized if this form is submitted by Secure Message. Direct rollovers will be made payable to the receiving employer-sponsored plan.
- Return of Excess Contribution** – Select this option to remove an over contribution, invalid contribution or ineligible contribution.

Talk to your tax advisor regarding the tax treatment and use of a returned excess contribution.

1. On what date did you make the excess contribution?

(month/day/year)

2. For what tax year did you make the excess contribution?

(year)

3. How much was the original excess contribution?

(dollar amount)

4. Are you requesting the return of this excess contribution after your tax filing deadline, plus extensions (including IRS automatic extensions), for the year you entered in question 2? (If you select 'Yes,' you can withdraw the excess contribution without taking into account any gains or losses. If you select 'No,' the amount returned will include any net income (gain or loss) attributable to the excess contribution.)

Yes (go to question 6)

No

5. How much was the net income (gain or loss) attributable to the excess contribution? (This may be a negative number. You do not need to calculate this amount if you answered 'Yes' to question 4.)

(dollar amount)

6. Amount that we will return to you:

(dollar amount)

Treasury regulations require a specific calculation to be used to determine whether there is a gain or a loss on your excess contribution when removing it on or before your tax filing deadline. If there is a loss, the amount will be deducted from the excess contribution amount to be withdrawn.

Use IRS Publication 590-A worksheets (or contact your tax advisor) when calculating your gain or loss amount.

Your Name

Your Account Number

4. How Much Would You Like to Distribute?

Important information about your distribution

If you enter a specific dollar amount that would lower your account balance below \$250, we will not process the request. If the market value of your account lowers after this request is submitted and prior to the distribution, we will provide a partial distribution that keeps your account balance at \$250 if necessary. Tax withholding on any partial distributions will be made in accordance with the withholding election for your original distribution request.

If you are closing this account, any residual credits will be paid out according to your instructions on this form.

Custodial fees and termination fees may be charged if your distribution depletes your account. Be sure there are enough funds available to cover these fees after the distribution. Fees can be found at www.chase.com/online-investing-fees.

Select only one.

Only enter a dollar amount if you select the second option. If you select the first option, proceed to Section 5.

- Distribute all of my funds and close my account.** Ensure that all assets have been liquidated. (Please proceed to Section 5 – do not enter a dollar amount below.)
- Distribute only the dollar amount listed below.**

Dollar Amount (enter dollar amount or "All")

Your Name
Your Account Number

Fill out only one section (A or B).

5. How Would You Like to Receive the Distribution?

A. DEPOSIT DIRECTLY INTO MY BANK/FINANCIAL INSTITUTION ACCOUNT

Here are some important things to know about distribution via direct deposit:

- Don't use this form to make a distribution to a Chase checking or savings account unless this request is for a Return of Excess Contribution. A distribution to a Chase account (except for Return of Excess Contribution) MUST be completed online on chase.com using the Pay & transfer tab.
- If you are requesting a distribution to a non-Chase bank/financial institution account, you must first verify that your non-Chase account is linked to your JPMS IRA. If the non-Chase account is **not** linked, we will be unable to process your distribution request. To view or edit your linked non-Chase accounts, go to chase.com → Pay & transfer → Transfer money → External accounts.
- When you link your JPMS IRA to a non-Chase bank/financial institution account, you will notice a \$1 charge and a \$1 credit to your bank/financial institution account. We do this to validate the account before linking it to your JPMS IRA.

- Deposit directly into my bank/financial institution account using the instructions below.

<input type="text"/>	
Bank/Financial Institution Name	
Account Type (select one)	<input type="text"/>
<input type="radio"/> Checking	Bank/Financial Institution Account Number
<input type="radio"/> Savings	
	<input type="text"/>
	Routing Number

This must be a non-Chase bank/financial institution account, UNLESS you selected 'Return of Excess Contribution' in Section 3. A 'Return of Excess Contribution' distribution may be deposited into a Chase or non-Chase account.

This form must be notarized if you are requesting a check be sent to an alternative address or to a third party, and you are submitting this form by fax or mail. This form does not need to be notarized if submitted by Secure Message.

B. SEND A CHECK

- Send a check, made payable to me, to my address of record.
- Send a check, made payable to me, to the alternative address below.

<input type="text"/>		
Mailing Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code

- Send a check, made payable to a third party, to the address below.

<input type="text"/>		
Payee Name		
<input type="text"/>		
Mailing Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code

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

6. Tax Withholding Elections

You must make an election for both federal and state tax withholding.

- **U.S. Person (U.S. Citizen or Resident Alien) or Beneficiary that is a U.S. Estate, Trust or Charity**
 - Distributions from an IRA are subject to federal and, in some cases, state income tax withholding.
 - Unless you elect otherwise, 10% of your distribution amount must be withheld in prepayment of federal income taxes.
 - If applicable, state income tax must be withheld according to the requirements for your state of residence.
 - Several states require withholding from your distribution if you are subject to federal income tax withholding and may require that a separate election form be completed.
 - Consult your tax advisor for additional information regarding state income tax withholding.

- **U.S. Person residing abroad**
 - If you are a U.S. person residing abroad, you are not permitted to opt out of federal income tax withholding. We will withhold 10% unless a greater amount is elected.
 - Consult your tax advisor for additional information regarding state income tax withholding.

- **Withholding for Nonresident Alien or a Beneficiary that is a Foreign Estate, Trust or Charity**
 - If you are a nonresident alien, this form must be accompanied by a properly completed IRS Form W-8BEN.
 - We will generally withhold tax at a rate of 30%.
 - If you are a foreign simple or grantor trust, you must provide Form W-8IMY along with any necessary supporting documentation required by the Form W-8IMY instructions.

FEDERAL WITHHOLDING

You may elect not to have federal income tax withholding apply to your distribution by selecting the first option below. Your election will remain in effect until you revoke it in writing, which can be done at any time. There are penalties for not paying enough federal income taxes during the year, either through withholding on distributions or by making estimated tax payments.

- I elect to have no federal income tax withheld from my distribution.
- I elect to have the following percentage withheld from my distribution. (percentage)

STATE WITHHOLDING

Certain states require withholding of a specific minimum percentage of your distribution or federal tax withholding amount or an amount in whole dollars. By signing this form, you authorize JPMS to adjust the withholding amount or percent requested to meet those requirements.

- I elect to have no state income tax withheld from my distribution, or I certify that I am not subject to state tax withholding.
- I elect to have the following percentage withheld from my distribution. (percentage)
- I elect to have the following dollar amount withheld from my distribution. (in whole dollars)

See IRS Publication 505 at www.irs.gov or speak to your tax advisor for more information on federal income tax withholding, and estimated tax requirements and penalties.

Ensure that JPMS has your current address on file before submitting this request. We will apply the tax withholding requirements of the state listed as your state of residence in our records.

Your Name

Your Account Number

7. Authorization

By signing below, I authorize JPMS to make this one-time distribution from my JPMS IRA as indicated on this form.

I acknowledge and understand:

- There may be fees associated with the liquidation of certain investments and/or the distribution.
- I am responsible for ensuring that there are sufficient funds available in my JPMS IRA for this distribution.
- This distribution can have important tax consequences and that this distribution and any tax withholding, if applicable, will be reported to the IRS on Form 1099-R or Form 1042-S.
- I should consult a legal, accounting or tax advisor with any questions.
- I assume full responsibility for the tax consequences of this election and the resulting distribution.
- If indicated on this form, and subject to the terms of the Brokerage Account Agreement governing my JPMS IRA, I hereby authorize JPMS to direct the distribution of money electronically according to the instructions outlined on this form between the JPMS IRA and the bank/financial institution account designated on this form, and authorize that bank/financial institution to credit and/or debit the same to the bank/financial institution account. JPMS will undertake to make transfers as directed, but is not responsible for damages of any nature resulting from delays, failures, omissions or errors relating to such transfers. I understand that, in rare instances, erroneous credits or debits may be made to the bank/financial institution account. If such is the case, I authorize JPMS to reverse such errors by debiting or crediting the bank/financial institution account and crediting or debiting the JPMS IRA as is appropriate.
- The origination of Automated Clearing House (**ACH**) transactions to or from my account(s) must comply with the provisions of U.S. law.
- This authorization is to remain in full force and effect until JPMS has received written notification (provided to J.P. Morgan Securities LLC, Mail Code: IL1-0291, 10 S. Dearborn St., Chicago, IL 60603) from me of its termination in such time and in such manner as to afford JPMS and the bank/financial institution a reasonable opportunity on which to act.
- I hereby agree to indemnify and hold JPMS, its successors, affiliates, assigns, officers, directors, agents and employees (the **Indemnified Parties**) harmless from, and to pay the Indemnified Parties promptly on demand, any and all losses, liabilities, damages, claims, costs or expenses (including attorneys' fees and expenses) incurred by the Indemnified Parties in connection with their reliance on this distribution request and authorization(s), including in the event that I fail to meet any applicable requirements regarding the requested distribution from my IRA. These indemnification provisions are in addition to (and in no way limit or restrict) any rights which any of the Indemnified Parties may have under any other agreement(s) between myself and any of the Indemnified Parties or under any federal or state statutes, laws, rules or regulations. This indemnity shall survive termination of any authorization with respect to transactions entered into during the term of the authorization.

I certify that:

- No tax or legal advice has been given to me by JPMS and all decisions regarding this election are my own.
- Under penalties of perjury, I am a U.S. person (including a U.S. resident alien).
- For a rollover to an employer-sponsored plan, these funds are eligible for rollover to the plan as I have met or will meet all applicable requirements, including that I have retained any required minimum distribution and I am not rolling over any funds I am required to withdraw.

Your Signature

Date (month/day/year)

Your Name

Your Account Number

8. Identity Verification

If you are submitting this form by Secure Message, notarization is never required.

If you are submitting this form by fax or mail, notarization is required if you have selected an option in Section 3 or 5 that indicates notarization is required. Please have a notary public complete the box below.

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 _____

Your Name

Your Account Number