

Valid from December 2015

Please complete this form in BLOCK CAPITALS and black ink. If a field is left blank we will assume that the information we currently hold is still correct. The form should then be returned to **FREEPOST JP MORGAN AM**. An address or a stamp is not required to be added to the envelope. If you have any questions regarding this form please call our UK-based Client Services team on 0800 20 40 20. Our telephone lines are open Monday to Friday, 9am to 5.30pm.

## 1. Account details

Existing J.P. Morgan Junior ISA account number

Child's title (e.g. Mr/Miss/Ms/Other)

Child's surname

Child's first name(s) in full

Child's permanent residential address



Postcode

Child's date of birth (Day/Month/Year)

Either:

I am the child (aged 16 or more) detailed above and either opened the account for myself or have become the registered contact.  
Please complete sections 4 & 5 below.

or

I have parental responsibility\* for the child detailed above and am the existing registered contact for the Junior ISA account.  
Please complete sections 2, 3, 4 & 5 below.

\* Parental responsibility - A person who is the child's natural parent, or who has legally adopted the child, or who has been granted parental responsibility by the court or a local authority that has parental responsibility for a child in its care or who has formal legal responsibility for a child.

## 2. Parent/Guardian - details

Parent/Guardian's title

(e.g. Mr/Mrs/Miss/Ms/Other)

Parent/Guardian's surname

Parent/Guardian's first name(s) in full

Permanent residential address



Your new Postcode

Telephone numbers

Daytime telephone number

+ 44 (0)

Evening telephone number

+ 44 (0)

Email address (optional)

**We would like to keep you informed**

If you would like us to contact you about relevant news, offers and new fund/trust launches let us know by ticking the relevant box:

By phone  By email  By post

## 3. Parent/Guardian - new address (if different from section 2 above)

New permanent residential address



Postcode

Telephone numbers

Daytime telephone number

+ 44 (0)

Evening telephone number

+ 44 (0)

Email address (optional)

**4. Child - new address** *(if different from section 1 above)*

Child's new permanent residential address

<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>

Telephone numbers

Daytime telephone number

+ 44 (0)

Evening telephone number

+ 44 (0)

Child's email address *(if the child is aged 16 or more. Optional)*

**5. Signature**

I am the child/I have parental responsibility for the child in section 4 and I am the registered contact for the Junior ISA.

Your signature

Date *(Day/Month/Year)*

Please note all correspondence should be sent to the address shown at the top of the application and not to the registered address. Telephone calls may be recorded and monitored for security and training purposes.

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