

SIMPLE IRA Required Minimum Distributions Request

Please write your plan ID number in box provided.

 Customer Service: 1-877-SMPLONE

This form should be used for required minimum distributions from your SIMPLE IRA at age 70 1/2. Please complete, sign and return this form to J.P. Morgan Funds, PO Box 219099 Kansas City, MO 64121-9099. Incomplete information may delay the processing of your request.

1. Participant Information

First Name MI Last

Street address

Suite/Apartment City State Zip code

Address Change. Please check if the address above needs updated on your account. A Medallion Guarantee is required. (see Section 5.)

Social Security Number Date of Birth (MMDDYYYY)

Daytime phone

2. Method of Distribution

Please select one of the two following distribution choices, A or B, which will be based on the new IRS method of Life Expectancy. Life Expectancy will be established on each fund of the account unless otherwise noted.

If money transferred to J.P. Morgan Funds during this year, the December 31 prior year's balance must be provided. \$

A. Systematic distribution

Change Existing OR Add New

Frequency Monthly Quarterly Semi-annually Annually

Start Date:

(If no date is selected, will begin 30 days after receipt of form.)

Check this box if your sole beneficiary is your spouse, who is more than 10 years younger. In such case, you must use the joint life recalculate method.

Spouse's First Name MI Last

Spouse's Date of Birth (MMDDYYYY)

OR

B. One time distribution To direct 100% of total RMD for all funds from one fund or 100% of total RMD from specific funds.

Fund Name	Fund number	Percentage
<input type="text"/>	<input type="text"/>	% <input type="text"/>
<input type="text"/>	<input type="text"/>	% <input type="text"/>
<input type="text"/>	<input type="text"/>	% <input type="text"/>
<input type="text"/>	<input type="text"/>	% <input type="text"/>

3. Withholding Instructions

For SIMPLE IRAs, the Internal Revenue Code requires that federal income tax be withheld from your IRA distribution(s) at a rate of 10% unless you affirmatively indicate otherwise. If you do not check a box, taxes will be withheld. State tax withholding may be mandatory if you elect to have federal income tax withheld from your IRA distribution.

- I elect not to have federal income taxes withheld from my distribution(s). I understand that I may be liable for payment of estimated tax. I may incur penalties under the estimated tax rules, if my withholding and tax payments are not sufficient.
- I elect to have federal taxes withheld from my distribution(s). Indicate percentage to withhold: % (If no percentage is indicated, 10% will be withheld.)

4. Method of Payment

Please check one.

- A. Mail my distribution check(s) to my address of record. (if \$50,000 or more or address of record changed in last 30 days, Medallion Guarantee required. See section 5.)
- B. Mail my distribution check(s) to an address other than my address of record. Note: The check will still be made payable to the account owner. (Medallion Guarantee required. See section 5.)

Mail Check(s) to: Street Address

Suite/Apartment City State Zip code

- C. Deposit my distribution(s) into my bank account. A voided check or deposit slip must be attached (Medallion Guarantee required if the banking information is not already on the account-see section 5.)
NOTE: Credit Unions and non-Federal Member banks may require additional routing information to accept a wire. Please contact your financial institution for this information. Please attach a separate sheet of paper including this information if applicable. Failure to provide complete wire instructions may delay the delivery of your redemption proceeds.

- ACH OR Wire
- Checking Account I (we) have attached a voided check.
- Savings Account I (we) have attached a voided deposit slip.

Bank name:

ABA routing number:

Bank account number:

Name of Bank Account Owner:

Name of Bank Account Owner:



ABA routing number Bank account number

5. Signature and Certification

Under penalty of perjury, I certify that (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or the IRS has notified me that I am no longer subject to backup withholding. The IRS does not require your consent to any provision of the document other than the certifications required to avoid backup withholding. If I am affiliated with or work for a FINRA member firm, I will attach information concerning my employment. This application shall apply to any J.P. Morgan Funds account I establish at any later date unless specifically changed in writing. Cross off line (2) if you are subject to backup withholding.

The participant hereby authorizes this distribution(s) from the SIMPLE IRA to the undersigned and certifies that it is in accordance with the provisions of the SIMPLE IRA plan. I indemnify the custodian of J.P. Morgan Funds SIMPLE IRA, its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distribution(s).

X _____
Participant signature

Date

Financial institution: Place Medallion Guarantee stamp here (important information below).

IMPORTANT INFORMATION

You may obtain a Medallion Guarantee from a bank or brokerage firm where you hold an account. We ask for a guarantee of your signature instead of a notarization because a notary does not provide the legal protection needed to process your transaction. Medallion Guarantee required if: (1) the distribution is \$50,000 or more, (2) you request a check distribution to be sent to an address other than the address of record, (3) you request a check distribution to be sent to your address of record, and your address of record has been changed in the last 15 days, (4) you request an ACH or wire distribution for bank information not on the account.

6. Completion Checklist

Did you remember to:

- Sign the form?
- Obtain a Medallion Guarantee in section 5 if needed?
- Mail the original form if you obtained a Medallion Guarantee?
- Complete all sections?
- Attach a voided check or deposit slip if needed?

✉ Please mail this form to:

Mailing address:
J.P. Morgan Funds.
Attention: DST Retirement Solutions
PO Box 219099
Kansas City, MO 64121-9099

Overnight mail:
J.P. Morgan Funds
Attention: DST Retirement Solutions
430 W 7th Street Suite 219099
Kansas City, MO 64105-1047