



Account Maintenance Request

 Shareholder Services: 1-800-480-4111
 Website: www.jpmorganfunds.com

Please write your account number in box provided above.

Please complete section 1. Additionally, please check the appropriate box below and complete the corresponding section. Note that sections designated with an asterisk (*) require a Notary. A Medallion Signature Guarantee or Signature Validation Program Stamp is required only for section 9. Please complete section 14 with a notary or medallion as needed. Please return to J.P. Morgan Funds, PO Box 219143, Kansas City, MO 64121-9143.

- | | |
|---|--|
| <input type="checkbox"/> Change of name, address or telephone number* (section 1) | <input type="checkbox"/> Systematic Exchange (section 7) |
| <input type="checkbox"/> Special needs student (Coverdell Education Savings Account only) (section 2) | <input type="checkbox"/> Banking and Wire instructions (section 8) |
| <input type="checkbox"/> Dividend election (*non-IRA account only) (section 3) | <input type="checkbox"/> Special payee** (section 9) |
| <input type="checkbox"/> Telephone privileges (section 4) | <input type="checkbox"/> Update Cost Basis Election (*non-IRA account only) (section 10) |
| <input type="checkbox"/> Systematic Withdrawal Plan* (*non-IRA account only) (section 5) | <input type="checkbox"/> Update Corporate Status* (*non-IRA account only) (section 11) |
| <input type="checkbox"/> Systematic Investment Plan* (section 6) | <input type="checkbox"/> Designation of Trusted Contact (section 12) |

1. Current Account Information

Owner, custodian, account or trustee name

M.I. (if applicable) Last Name (if applicable)

Mailing Address

Suite/apartment City State Zip code

Residential/legal address (required if different from above)

Suite/apartment City State Zip code

Date of Birth (MMDDYYYY) Social Security Number

Daytime Phone

2. Change of Name, Address or Telephone Number

Please check all that apply: New address New last name* New telephone number

Owner, custodian, account or trustee name

M.I. (if applicable) Last Name (if applicable)

Mailing Address

Suite/apartment City State Zip code

Residential/legal address (required if different from above)

Suite/apartment City State Zip code

Date of Birth (MMDDYYYY) Social Security Number

Daytime Phone (if applicable) Minor's state of residence (if applicable)

2. Change of Name, Address or Telephone Number (continued)

*Please note: If you are changing your name, a Notary and legal documentation is required. (section 14)

1.	_____	_____
	Print former name	Print new name
	_____	_____
	Former name signature	New name signature
2.	_____	_____
	Print former name	Print new name
	_____	_____
	Former name signature	New name signature

3. Dividend And Capital Gain Instructions (Non-IRA account only.)

All **dividends** will be reinvested into additional shares unless otherwise indicated: Pay all dividends in cash Reinvest all dividends

All **capital gains** will be reinvested into additional shares unless otherwise indicated: Pay all capital gains in cash Reinvest all capital gains

I request the cash distribution selected above to be: Sent to the address of record listed in the registration (section 1).

OR

Sent to the special payee (section 8 or 9).

4. Telephone Privileges

I (we) authorize and direct J.P. Morgan Funds and the transfer agent to accept and act upon instructions received by telephone from me (us) for exchange and/or redemption involving this account. Telephone redemption privileges are not available on IRA accounts. If banking information not currently on file, section 8 must be completed.

I would like telephone exchange privileges.

I do not want telephone exchange privileges.

I would like telephone redemption privileges/purchase.

I do not want telephone redemption privileges/purchase.

*5. Systematic Withdrawal Plan (Non-IRA account only)

Notary may be required (see section 14).

Add Change existing Delete

Fund number Fund name

Please withdraw the following (\$25 minimum) from my J.P. Morgan Funds account based on:

A. Frequency

Monthly Quarterly Semi-annually Annually

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

B. Amount

Fixed dollar amount \$

Percentage of current account balance % (10% free out. % can not be annually)

C. I request the cash distribution selected above to be: Sent to the address of record listed in the registration (section 1).

OR

Sent to the special payee (section 8 or 9).

*6. Systematic Investment Plan

Notary required (see section 14).

Add Change existing Delete

I (we) authorize the J.P. Morgan Funds custodian to debit my (our) bank account for systematic investment into one or more of my fund accounts listed below. (The minimum systematic investment is \$50.00 per fund if you've met the fund minimum.) (Please allow 15 days for setup.)

Fund	<input type="text"/>	Amount \$	<input type="text"/>	Day(s) of month	<input type="text"/>
Fund	<input type="text"/>	Amount \$	<input type="text"/>	Day(s) of month	<input type="text"/>

Note: If you do not select a day, we will automatically process your investment on the 15th day of the month. If the day of the month you select falls on a weekend or holiday, your investment will be made on the next business day.

**9. Special Payee

Medallion Signature Guarantee or Signature Validation Program Stamp required (see section 13).

Make checks payable from: Dividend/capital gains distributions Systematic withdrawal plan or Both

Send to:

First name	<input type="text"/>	M.I.	<input type="text"/>	Last Name	<input type="text"/>
Mailing Address	<input type="text"/>				
Suite/apartment	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
				Zip code	<input type="text"/>

10. Cost Basis Selection

The Internal Revenue Service (IRS) released mandatory cost basis regulations requiring mutual fund companies to report cost basis information to shareholders and to the IRS on mutual fund shares acquired and subsequently redeemed after January 1, 2012 (herein after referred to as "covered shares"). You may wish to consult your tax advisor to determine which method best suits your individual tax situation.

If you wish to select a different method for different funds held in your account, please indicate as such. If you need additional space to indicate your selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

Please note that if you have selected the Average Cost method for existing shares and a redemption has occurred, this method cannot be revoked for these shares. However, a new method can be selected for new shares purchased in this account. Please consult your tax advisor to determine which method is most appropriate for you. Note that J.P. Morgan Funds is unable to provide tax advice related to specific investments or accounts.

I request that the cost basis method used for my account be changed to:

- | | | |
|--|---|--|
| <input type="checkbox"/> Average Cost | <input type="checkbox"/> FIFO - First Shares In First Out | <input type="checkbox"/> HIFO - High Cost Shares First Out |
| <input type="checkbox"/> LIFO - Last Shares In First Out | <input type="checkbox"/> LCFO - Low Cost Shares First Out | <input type="checkbox"/> LGUT - Loss/Gain Utilization |
| <input type="checkbox"/> SLID - Specific Lot Identification (A secondary accounting method must also be selected below if the specific lots chosen are no longer available or for systematic withdrawals. If you do not choose a secondary method, First Shares In, First Out will be used.) | | |
| <input type="checkbox"/> HIFO - High Cost Shares First Out | | |
| <input type="checkbox"/> FIFO - First Shares In First Out | | |
| <input type="checkbox"/> LCFO - Low Cost Shares First Out | | |
| <input type="checkbox"/> LIFO - Last Shares In First Out | | |
| <input type="checkbox"/> LGUT - Loss/Gain Utilization | | |

11. Change Corporate Status

A new Form W-9 must be submitted with any change in corporate status. A Corporate Resolution or Authorized Signers List certified within the last 180 days must also be on file. I request that my Corporate account be updated to:

- | | |
|--|--|
| <input type="checkbox"/> S - Corporation | <input type="checkbox"/> C - Corporation |
|--|--|

12. Designation of Trusted Contact

I authorize J.P. Morgan Distribution Services, Inc. and its present and future direct or indirect subsidiaries, affiliates, successors and assigns ("J.P. Morgan") to contact the persons listed below, my current Trusted Contact Persons, and disclose information about my JPMorgan Funds account to address possible financial exploitation, to confirm the specifics of my current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165.

This authorization is not a trading authorization or a Power of Attorney and it does not authorize the Contact(s) to make investments, withdrawals or transfers.

I understand and agree that J.P. Morgan is under no obligation to communicate with any or all of my Contact(s) at any time. I will notify J.P. Morgan of any changes to my Contact(s) by completing a newly signed Account Maintenance Request Form and I may withdraw this authorization at any time by notifying J.P. Morgan in writing.

This authorization will remain in full force and effect and J.P. Morgan may continue to rely on it until such time as I provide written instructions to revoke it, and this authorization supersedes previous authorizations.

I, my heirs and personal representatives, successors and assigns hereby release, discharge and hold J.P., Morgan harmless from any and all claims, damages, losses, costs and expenses that may arise from any act or omission by J.P. Morgan pursuant to this authorization.

Check one box below

- By checking this box, I choose to designate a trusted contact(s).
- By checking this box, I choose to update the current designated trusted contact(s) on my account.
- By checking this box, I choose to remove the designated trusted contact(s) on my account and have no trusted contact on my account.

Trusted Contact Person #1

First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Relationship (e.g., spouse, child, holder of my power of attorney, lawyer, accountant, etc.)	<input type="text"/>				
Mailing Address (Line 1)	<input type="text"/>				
Mailing Address (Line 2)	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip code	<input type="text"/>
Daytime Telephone Number	<input type="text"/>	Mobile Telephone Number	<input type="text"/>		
Email	<input type="text"/>				

Trusted Contact Person #2 (optional)

First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Relationship (e.g., spouse, child, holder of my power of attorney, lawyer, accountant, etc.)	<input type="text"/>				
Mailing Address (Line 1)	<input type="text"/>				
Mailing Address (Line 2)	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip code	<input type="text"/>
Daytime Telephone Number	<input type="text"/>	Mobile Telephone Number	<input type="text"/>		
Email	<input type="text"/>				

13. Signature

By signing this form, I authorize J.P. Morgan Funds, its affiliates and agents to act on any instructions believed to be genuine for any service authorized on this request. I agree that they will not be liable for any resulting loss or expense. All services are subject to conditions set forth in each fund's current prospectus. If you need a signature guarantee, you must sign in front of the banker or broker. All mutual fund account owners must sign.

X _____
Owner's signature

Date

X _____
Joint Owner's signature

Date

I/we agree that J.P. Morgan Funds or any of its subsidiaries, affiliates, officers, directors, or employees will not be liable for any losses, claim expense, or cost and agree to indemnify the same from any losses and damages, for acting upon any instructions or inquiries, including telephone redemptions and exchanges, believed genuine. This authorization shall continue until the fund receives notice of modification signed by all amended from time to time. All terms shall be binding upon heirs, representatives and assignees of the account owners. I/we acknowledge that I/we understand past performance is not indicative of future returns.

14. Signature Guarantee or Notary Section

To protect you and J.P. Morgan Funds against fraud, your signature(s) must be guaranteed or notarized by any "eligible" financial institution or notary public. Eligible financial institutions include commercial banks, trust companies, saving associates and credit unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. You should verify with the institution that they participate in the Medallion Signature Guarantee or Signature Validation Program. **A notary public cannot provide a signature guarantee.**

Financial Institution: If required, place Medallion Guarantee or Signature Validation Program stamp here.

If required, place Notary here.

(For use by Notary Public Only)

On _____ before me, _____ personally appeared
Date Name of Notary Public

Name(s) of Signer(s)

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/ they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of _____ that the foregoing paragraph is true and correct.
Name of state in which Notary is licensed

WITNESS my hand and official seal. X _____
(Signature of Notary Public)

IMPORTANT INFORMATION

Note that sections designated with an asterisk (*) require a Notary. Section 9 requires a Medallion Signature Guarantee or Signature Validation Program Stamp. You may obtain a Medallion Signature Guarantee or Signature Validation Program stamp from a participating 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. The original form with the Medallion Guarantee must be mailed, photocopies will not be processed.

Please mail your completed form to:

Mailing address:
J.P. Morgan Funds
P.O. Box 219143
Kansas City, MO 64121-9143

Overnight address:
J.P. Morgan Funds
430 W 7th Street Suite 219143
Kansas City, MO 64105-1407