

SIMPLE IRA Account Maintenance Request

J.P.Morgan
Asset Management

 Customer Service: 1-877-SMPLONE

Please complete, sign and return this form to J.P. Morgan Funds, Attention: DST Retirement Solutions, P.O. Box 219099, Kansas City, MO 64121-9099 or fax to (816) 218-7030.

1. Current Plan Information

Plan ID number

Owner, custodian or trustee name M.I. Last name

Social Security Number

2. Change Of Name Or Address

Please note: Redemption requests cannot be processed until 15 days following date of address change.

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

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

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

***Please note: If you are changing your name, a Medallion Signature Guarantee or Signature Validation Program Stamp is required.(section 5)**

Print former name

Print new name

X _____
Former name signature

X _____
New name signature

3. 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"/>				

4. 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.

X _____
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.

5. Signature Guarantee

To protect you and J.P. Morgan Funds against fraud, your signature(s) must be guaranteed or validated by any "eligible" financial institution. 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.

An important note: Your transferor trustee or custodian may require your signature to be guaranteed or validated. They may also require additional forms. Call them for requirements.

Financial institution: Place Medallion Guarantee or Signature Validation Program stamp here.

IMPORTANT INFORMATION

You may obtain a Medallion Guarantee or Signature Validation Program stamp from a participating bank or brokerage firm where you hold an account. The original form with the Medallion Guarantee must be mailed, photocopies will not be processed.

✉ Please mail your investment and/or checks and your signed application to:

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

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