

Institutional Account Application

Money Market Mutual Funds

J.P.Morgan

ASSET MANAGEMENT

Institutional Services: 1-800-766-7722

Fax: 1-877-371-5948

This application is for institutional investors opening accounts in any of the J.P. Morgan Money Market Funds, (the "Funds") and serves as the institutional investor's account agreement with J.P. Morgan Institutional Investments Inc. ("JPMII"). The terms "I", "me", "my", "you" and "your" as used in this application refer to the registered owner of the account. This account application is intended for institutional investors who are investing on their own behalf. If you have questions or need assistance completing this application, please call 1-800-766-7722.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT - These requirements cannot be waived.

- Federal law requires all financial institutions to obtain, verify, and record information that identifies each investor who opens an account.
- A valid IRS Form W-9 (the recent version posted on the IRS website) must be returned with this application. A blank form is provided at the end of this application. Instructions for completion can be obtained upon request or by visiting the IRS.gov website.
- When you open an account, we will ask for your name, legal address, tax identification number and other information that will allow us to identify you.

1. Account Registration

Please select at least one description from Column A and any applicable descriptions from Column B. Please refer to the subscripts for documentation requirements.

Column A

- Public Corporation ¹ (Please provide Symbol)
- Subsidiary of a Public Corporation ¹ (Please provide Symbol above)
- C Corporation (non-publicly traded) ^{1,2, 6 & 7}
- S Corporation ^{1,2,6 & 7}
- Partnership ^{3,6 & 7}
- Limited Liability Corporation ^{4, 6 & 7}
- Non-Profit Corporation or Charitable Organization ^{1, 2 & 7}
- Foundation ^{1,2,6 & 7}
- Government Agency, Instrumentality or Company ¹
- Other ⁵
- Disregarded Entity (Please provide owner's name below)
-

Column B

- U.S. Bank
- SEC Registered Broker-Dealer
- Insurance Company
- Federally Regulated Financial Institution ¹
- State Regulated Financial Institution ¹

Subscript Key

- 1 - You must provide a Corporate Resolution dated within 365 days.
- 2 - You must provide either Certified Articles of Incorporation or Current Certificate of Good Standing.
- 3 - You must provide a Partnership Agreement or Current Certificate of Good Standing and Certificate of Incumbency for the General Partner dated within 365 days.
- 4 - You must provide Articles of Organization or Current Certificate of Good Standing and an Operating Agreement or other document evidencing signer authority to open and operate mutual fund accounts dated within 365 days.
- 5 - Please call to confirm the appropriate paperwork to confirm identity of organization, provide authorized signers and confirm if you must complete the Beneficial Owners and Control Person sections of this application.
- 6 - You must complete the Beneficial Owners and Control Person sections of this application.
- 7 - You must complete the Control Person section of this application.

Account Name Attention

Tax ID Number (Regarded Entity if Applicable) Type of Business

2. Address

Mailing address

City State Zip code

Business phone number Fax number

Indicate Principal Place of Business or Legal Address below if different than above or if mailing address is a PO Box

Street

City State Zip code

3. Beneficial Owners

To help the government fight financial crime, Federal regulation requires financial institutions to obtain, verify and record information about the beneficial owners of legal entity customers. This section must be completed by the person opening a new account on behalf of a legal entity. **This requirement cannot be waived and accounts will not be established if this information is not complete or missing.**

Check this box if there are no individuals that meet the 25% ownership definition.

Please enter below the required information for each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer.

Name	<input type="text"/>	<input type="checkbox"/> U.S. Citizen
Residential Address	<input type="text"/>	<input type="checkbox"/> U.S. Resident Alien
Tax ID *	<input type="text"/>	<input type="checkbox"/> U.S. Non-Resident Alien
Date of Birth	<input type="text"/>	Country of Citizenship <input type="text"/>

Name	<input type="text"/>	<input type="checkbox"/> U.S. Citizen
Residential Address	<input type="text"/>	<input type="checkbox"/> U.S. Resident Alien
Tax ID *	<input type="text"/>	<input type="checkbox"/> U.S. Non-Resident Alien
Date of Birth	<input type="text"/>	Country of Citizenship <input type="text"/>

Name	<input type="text"/>	<input type="checkbox"/> U.S. Citizen
Residential Address	<input type="text"/>	<input type="checkbox"/> U.S. Resident Alien
Tax ID *	<input type="text"/>	<input type="checkbox"/> U.S. Non-Resident Alien
Date of Birth	<input type="text"/>	Country of Citizenship <input type="text"/>

Name	<input type="text"/>	<input type="checkbox"/> U.S. Citizen
Residential Address	<input type="text"/>	<input type="checkbox"/> U.S. Resident Alien
Tax ID *	<input type="text"/>	<input type="checkbox"/> U.S. Non-Resident Alien
Date of Birth	<input type="text"/>	Country of Citizenship <input type="text"/>

* OR if foreign, please provide legible copy of passport - must show passport number and country of issuance.

In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any government-issued document evidencing nationality or residence and bearing a photograph.

4. Control Person

Please enter the following information for one individual with significant responsibility for managing the legal entity listed in this application, such as an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer). This person could have already been listed in the beneficial owners section. **This requirement cannot be waived and accounts will not be established if this information is not complete or missing.**

Name	<input type="text"/>	<input type="checkbox"/> U.S. Citizen
Title/ Position Held at Legal Entity	<input type="text"/>	<input type="checkbox"/> U.S. Resident Alien
Residential Address	<input type="text"/>	<input type="checkbox"/> U.S. Non-Resident Alien
Tax ID *	<input type="text"/>	Country of Citizenship <input type="text"/>
Date of Birth	<input type="text" value="Text"/>	

* OR if foreign, please provide legible copy of passport - must show passport number and country of issuance.

In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any government-issued document evidencing nationality or residence and bearing a photograph.

5. Fund Selection

Fund & Share Class Name(s)

OR

Fund Number(s)

6. Distribution Options

You may reinvest your capital gains and/or dividend income in additional fund shares, or take these distributions in cash. Cash dividends will be wired to the bank instructions noted in Section 7.

Capital Gains Reinvest Cash Dividend Income Reinvest Cash

If no boxes are checked, your capital gains and dividend distributions will be automatically reinvested.

7. Instructions for Redemptions and Distributions

Proceeds of redemptions should be wired to my bank as follows:

ABA number:

Account number:

Bank name:

Account name:

Select this box to set up debit authority with the listed JPMorgan Chase Bank Demand Deposit account and review the terms regarding this authorization¹

8. MORGAN MONEY

Yes No

If yes, please complete the Morgan Money Application and Authorization Form.

9. Signature Authorization/Certification

By signing this application, the authorized representative of the registered owner certifies on behalf of the registered owner that:

1. I have full right, power and authority to make the investment applied for pursuant to this application and that the individuals signing on my behalf are duly authorized to sign this application, to purchase and redeem Fund shares on my behalf and to change bank wiring instructions and account information (with the proper documentation). I have received and read the current prospectus for each Fund in which I am investing and this application. I agree to be bound by the terms of each Fund's registration statement as supplemented or amended by filings with the Securities and Exchange Commission, including, but not limited to, terms concerning placement of orders and payments for purchases.
2. I acknowledge that the Funds are authorized to accept any instruction from JPMII provided by me to JPMII. Confirmations of orders and statements of my account(s) shall be conclusive unless I object in writing within ten days after transmittal to me.
3. I agree that neither any Fund nor JPMII will be liable for any loss, cost, expense or other liability arising out of any instructions transmitted by telephone, electronically, in writing or by any other means believed by it to be genuine and in accordance with the procedures described in the Fund's prospectus. Neither any Fund nor JPMII will be liable for the fraudulent use of a signature specified by the application or other authorized document, whether such signature be authentic or forged nor for any instructions purportedly from me which are fraudulent, signed or otherwise.
4. I understand that I automatically have the ability to give instructions by telephone to exchange shares between identically registered Fund accounts and/or redeem shares and transfer the proceeds to the bank account(s) designated on this document or to my address of record. The Funds and JPMII use reasonable procedures to confirm that instructions given by telephone are genuine. These procedures include recording telephone instructions and asking for account identification. In addition, if I have chosen on-line access to my Fund account(s), I can give such instructions electronically. Neither any Fund nor JPMII will be responsible for any loss, liability, cost or expense of acting upon unauthorized or fraudulent instructions, and I will bear risk of the loss.
5. If any authorized person ceases to have authority to act on my behalf, I will immediately notify JPMII. I acknowledge and agree that neither any Fund nor JPMII, nor any of their respective agents or employees will be liable for any loss, liability, cost or expense arising from my failure to provide such notification or from acting on instructions they believe to be genuine.
6. I agree that in no event shall any Fund or JPMII be liable for any indirect or consequential damages, even if advised of the possibility of such damages, or for loss caused directly or indirectly by war, natural disasters, acts of terrorism, government restrictions or other conditions beyond their control.
7. I confirm that the amounts to be invested in my Fund account(s) **DO NOT** include proceeds from a municipal securities issuance or transaction as defined in the Municipal Advisor Rule. If I am unable to confirm this, I will speak with my JP Morgan representative so the account may be coded appropriately.
8. I understand that this application serves as my account agreement with JPMII, who will serve as the broker dealer of record on my Fund account(s), as well as my application to open my Fund account which will hold my shares of the Funds. JPMII and/or the Funds may at any time, without prior notice, terminate my account with the Funds.
9. I understand that investments in the Funds are not bank deposits and are not guaranteed by the FDIC or any other government agency, nor are they obligations of or guaranteed by JP Morgan Chase Bank, NA, or any of its affiliates. Investments in mutual funds, including money market funds, involve risk including possible loss of the principal amount invested. Retail and government money market funds seek to maintain a constant net asset value of \$1.00 per share, however, it is possible to lose money by investing in a money market fund. The share price of institutional money market funds will fluctuate.

¹ By checking this box, I authorize JPMII to issue instructions ("payment orders") to transfer funds from the investor's demand deposit account at JPMorgan Chase Bank, N.A. ("JPMCB") to my account with JPMII in accordance with the information set forth on this Application. I represent and warrant that this authorization has been duly approved by the board of directors, or equivalent, of the registered owner of the account (or by an officer to whom the requisite authority has been delegated by the board of directors or equivalent) and continues in full force and effect. I acknowledge and understand that JPMCB may debit the JPMCB account for the amount of each payment order issued by JPMII on my behalf on the date such order is executed by JPMCB. This authorization shall remain in full force and effect until JPMCB and JPMII receive written notice of its revocation or termination. This authorization shall be governed by and construed in accordance with the laws of the State of New York.

9. Signature Authorization/Certification (continued)

10. It is an Institutional Account as defined in FINRA Rule 4512(c); it is capable of evaluating investment risks independently, both in general and with regard to all transactions and investment strategies involving a security or securities; it will exercise independent judgment in evaluating the recommendations of JPMII and its associated persons, unless it has otherwise notified JPMII in writing; and it will notify JPMII if any of the aforementioned representations ceases to be true. The representations made in this provision shall apply with respect to all recommended transactions and investment strategies involving securities that are entered into by the registered owner, whether for the account of the registered owner or for the account of any beneficial owner that has delegated decision making authority to the registered owner.

JPMII is hereby authorized to accept and act upon instructions to change the bank wiring instructions, the authorized persons or the account information listed in this application only from an individual authorized by a corporate resolution or other evidence of such authority. If an authorized person no longer has such authority, you must notify JPMII.

Attention: Please attach a copy of a Corporate Resolution dated within the past 365 days or other evidence of the authority of the below individuals to act on this account. Signature specimens are required for all authorized signers. If no signature specimens are present on the Corporate Resolution, please complete an Authorized Signers form.

By signing below, I hereby certify, to the best of my knowledge, that the information provided in this application is complete and correct.

Printed Name:	<input type="text"/>	Title:	<input type="text"/>
X _____ Signature		Date (MMDDYYYY)	<input type="text"/>
Email Address	<input type="text"/>	Phone number	<input type="text"/>

Printed Name:	<input type="text"/>	Title:	<input type="text"/>
X _____ Signature		Date (MMDDYYYY)	<input type="text"/>
Email Address	<input type="text"/>	Phone number	<input type="text"/>

J.P. Morgan Asset Management is the brand name for the asset management business of JPMorgan Chase & Co., and its affiliates worldwide.

Please mail the completed application to:

Email to:

liquidity.client.services.americas@jpmorgan.com

Fax to:

1-877-371-5948

Attn: Fund Services

Mailing Address:

JPMorgan Institutional Fund Services

P.O Box 219265

Kansas City, MO 64121-9265

Street address:

JPMorgan Institutional Fund Services

SS&C GIDS

801 Pennsylvania Ave

Suite 219143

Kansas City, MO 64105-1307

For J.P. Morgan Operational Use Only

X _____ Date (MMDDYYYY)

Quality Check Reviewer Signature

Quality Check Reviewer Print Name

X _____ Date (MMDDYYYY)

Principal Signature

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.			
	<input type="checkbox"/> Other (see instructions) _____			
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)
6	City, state, and ZIP code			
7	List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) 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 or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they