



Statement Request

Please mail your completed form to:

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

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

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

Please complete this form to request a copy of your account's transaction history. There is no fee for transaction history from 2001 to the present. There is a flat fee of \$25 for any transaction history prior to 2001. Please note that your transaction history may be available online at www.jpmorganfunds.com. There is no fee for transaction history provided online. If you have any questions, please call us at **1-800-480-4111**. Our representatives are available Monday through Friday from 8:00AM - 7:00PM EST.

1. Account Information

Account Number Social Security Number

First Name M.I. Last Name

Mailing Address

Suite/apartment City State Zip code

2. Transaction History Year(s) & Payment Information

There is no fee for transaction history from 2001 to the present. For any transaction history prior to 2001, there is a flat fee of \$25.

I would like transaction history for only the year in which my account was opened. Year my account was opened:

I would like transaction history for the entire lifespan of my account.

To request transaction history for certain years, please specify the years in the space provided below.

Transaction History Year (YYYY) Transaction History Year (YYYY) Transaction History Year (YYYY)

Transaction History Year (YYYY) Transaction History Year (YYYY) Transaction History Year (YYYY)

Payment Information and Amount

I have requested transaction history prior to 2001 and have enclosed a Personal Check or Cashier's Check for my payment in the amount of \$25 payable to J.P. Morgan Funds. Money orders, counter and starter checks are not accepted.

3. Delivery Instructions


Please mail transaction history to address listed in Section 1. **OR** Please mail transaction history to address listed below.

Mailing Address

Suite/apartment City State Zip code

4. Signature Required for processing. Note: If you own a joint account, all account owners must sign.

X _____ X _____
Signature of owner Date Signature of joint owner Date

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