

Valid from December 2015

Please complete this form in BLOCK CAPITALS and black ink. The form should then be returned to **FREEPOST JP MORGAN AM**. An address or a stamp is not required to be added to the envelope. If you have any questions regarding this form please call our UK-based Client Services team on 0800 20 40 20. Our telephone lines are open Monday to Friday, 9am to 5.30pm.

1. About you

Your existing J.P. Morgan account number *(if you have one)*

Your title *(e.g. Mr/Mrs/Miss/Ms/Other)* Surname

First name(s) in full

Your permanent residential address

Postcode

Telephone numbers

Daytime telephone number

+ 44 (0)

Evening telephone number

+ 44 (0) Email address *(optional)*

Your date of birth *(Day/Month/Year)*

We would like to keep you informed

If you would like us to contact you about relevant news, offers and new fund/trust launches let us know by ticking the relevant box:

By phone

By email

By post

2. Income details

I hereby request and authorise, until further notice, for all future distributions and withdrawal proceeds to be credited directly to my Bank account:

Name of bank or building society

Name of account holder(s)

Branch address

Postcode

Account number

Bank sort code

Reference number *(building society)*

3. Your signature

By signing this form I/we confirm that I am/we are 18 years of age or over, and that I/we have read and understood this form.

Your signature

If a joint application, both must sign

Name

Date *(Day/Month/Year)*

Name

Date *(Day/Month/Year)*

Please note all correspondence should be sent to the address shown at the top of the application and not to the registered address. Telephone calls may be recorded and monitored for security and training purposes.

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