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# Account Amendment Form: Additions or updates to account details

# Account Amendment Form

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Please email a scanned copy of the form and supporting documents to your dedicated client service team:

[Liquidity.client.services.EMEA@jpmorgan.com](mailto:Liquidity.client.services.EMEA@jpmorgan.com), [Liquidity.client.services.americas@jpmorgan.com](mailto:Liquidity.client.services.americas@jpmorgan.com),

[Liquidity.client.services.APAC@jpmorgan.com](mailto:Liquidity.client.services.APAC@jpmorgan.com)

Alternatively, please fax to +352 3410 8855.

## 1. Account details

Account name

Account number

## 2. Change of Name, Address or Telephone Number

Please check all that apply:

New address

New account name\*

New fax number

New telephone number

Account name

<input type="checkbox"/>
<input type="checkbox"/>

Mailing address

City

State

Zip  
code

Business phone number

Fax number

\* As we perform our KYC checks we may require additional supporting "documents".

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## 3. Authorised signatories and dealers

Please complete this section if you require changes to the authorised signatories and/or dealers lists.

Please indicate each individual's specific authority by ticking the appropriate box(es) and attach an additional signatory list or separate dealing mandate if required.

### Authorised Personnel:

Any ONE TWO of the undersigned individuals is authorized to open and operate, update and amend account information and personnel, submit written instructions (subscription, redemption and switching) of shares on this account and/or receive telephone call back from JPMorgan unless otherwise indicated in writing to you. In the event of a conflict, the parties agree to resolve such disputes promptly and in good faith.

Name	Signature	Telephone*	Email

Any ONE TWO of the undersigned individuals is authorized to submit written instructions (subscription, redemption and switching) of shares on this account and/or receive telephone call back to confirm the dealing details with your Bank unless otherwise indicated in writing to you. In the event of a conflict, the parties agree to resolve such disputes promptly and in good faith.

Name	Signature	Telephone*	Email

Please complete this section if you need to remove authorised signers.

Name  Authorised signatory to be removed

Name  Authorised signatory to be removed

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## 4. Dividend option

Please complete this section to change the dividend policy, please tick only one box.

Dividends to be paid in cash to the existing redemptions SSIs.

Dividends to be paid in cash to alternative SSIs.

(please provide details on letterhead paper signed by an authorised signatory as per current mandate)

Dividends to be reinvested in shares.

## 5. Reporting

EMAIL ADDRESSES	MONTHLY STATEMENT	CONTRACT NOTES	DAILY PRICE FILE	ACTION (ADD OR REMOVE)

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## 6. Bank account details for redemption payments (and dividend distributions, if applicable)

Please complete this section if you require changes to the standard settlement instructions currently on file. (Any additional bank details can be attached to this form but must be signed and on headed paper if applicable, third party bank details are not acceptable.)

New      Additional

	USD
Bank Account Name	
IBAN or Account Number	
Beneficiary Bank Name	
Beneficiary Bank BIC code or ABA number	
Correspondent Bank name & SWIFT Code if required	
Beneficiary bank account number with Correspondent Bank if necessary	
Reference / For further Credit	

	EUR
Bank Account Name	
IBAN or Account Number	
Beneficiary Bank Name	
Beneficiary Bank BIC code	
Correspondent Bank name & SWIFT Code if required	
Beneficiary bank account number with Correspondent Bank if necessary	
Reference / For further Credit	

	GBP
Bank Account Name	
IBAN or Account Number	
Beneficiary Bank Name	
Beneficiary Bank BIC code or sort code	
Correspondent Bank name & SWIFT Code if required	
Beneficiary bank account number with Correspondent Bank if necessary	
Reference / For further Credit	

	SGD
Bank Account Name	
IBAN or Account Number	
Beneficiary Bank Name	
Beneficiary Bank BIC code	
Correspondent Bank name & SWIFT Code if required	
Beneficiary bank account number with Correspondent Bank if necessary	
Reference / For further Credit	

	AUD
Bank Account Name	
IBAN or Account Number	
Beneficiary Bank Name	
Beneficiary Bank BIC code or BSB code	
Correspondent Bank name & SWIFT Code if required	
Beneficiary bank account number with Correspondent Bank if necessary	
Reference / For further Credit	

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## 7. Additional share classes

Please list the ISINs that needs to be made available on your account:

Share class name*	ISIN

\* please complete section 6 above if adding a new currency

## 8. Account closure

Please tick this box if you wish to close the account and fully redeem the actual position.

## 9. Authorised Signatories

Please note that any static data amendment will require a call-back with an authorized signer different to the one(s) who signed the instruction.

	<input type="text"/>	
Title/Position	<input type="text"/>	
Print Name	<input type="text"/>	
Country of Residence	<input type="text"/>	Date (Day/Month/Year)
Signature	<input type="text"/>	<input type="text"/>

	<input type="text"/>	
Title/Position	<input type="text"/>	
Print Name	<input type="text"/>	
Country of Residence	<input type="text"/>	Date (Day/Month/Year)
Signature	<input type="text"/>	<input type="text"/>