

J.P. Morgan Securities LLC
Member FINRA and SIPC

You can submit this form and any attachments by:

Secure Message
For instructions on how to submit this request by Secure Message, visit www.chase.com/brokerageforms.

Fax
(866) 786-4788

Mail
J.P. Morgan Securities LLC
Attn: Retirement - WM
IL1-0291
10 S Dearborn,
Chicago, IL 60603

If you need help, contact our Client Service Center at (800) 392-5749 or **submit your question by Secure Message on chase.com.**

Use this form to

- Authorize a one-time withdrawal from your J.P. Morgan Securities LLC ("JPMS") Roth or Traditional Individual Retirement Account ("IRA") (including SEP-IRAs and Beneficiary IRAs).
- Authorize a one-time direct rollover from an IRA to an employer-sponsored plan.
- Authorize the return of an excess IRA contribution.

What you need to know

- Ensure there is enough cash in your account to cover the amount of the requested distribution and any fees before submitting this form. **The request will not be processed if there are insufficient funds to cover the request.**
- This form must be notarized only if you are submitting this form by fax or mail, and you have selected an option in Section 3 or 5 that indicates notarization is required. If you are submitting the form through Chase's Secure Message Center, notarization is not required.
- Don't use this form for a recharacterization, Roth conversion, qualified charitable distribution or trustee-to-trustee transfer.
- You may only roll over one IRA distribution in any 12-month period, regardless of the number of IRAs you own or distributions you take (i.e., one 60-day IRA-to-IRA rollover in a 12-month period).
- Although you can't use this form to complete the following transactions, you may make unlimited trustee-to-trustee transfers between IRAs of the same type, conversions between Traditional and Roth IRAs, and rollovers from a qualified retirement plan to an IRA.
- See IRS Publication 590-B at www.irs.gov or talk to your tax advisor to learn more about IRA distributions.
- Before submitting this form, ensure that JPMS has your current address on file. We will apply the tax withholding requirements of the state listed as your state of residence in our records.
- For your protection, we may call you at the number on file for your account to confirm this transaction before it is processed.
- For best results, complete this form using Adobe Acrobat Reader. You will need to print a paper copy for your signature (and notarization, if necessary). If completing by hand, a space will be provided for you to write your name and account number on each page when you print the form.

1. Tell Us About Your Account

Your Name

Your Account Number

2. Tell Us About Your IRA

For Roth IRAs only, in order for a distribution to be "qualified," as defined by the Internal Revenue Code, a client must meet the 5-year holding period requirement (among other requirements). Whether you have met the 5-year holding period requirement is determined with respect to all of your Roth IRAs (not just Roth IRAs held here); therefore, you are responsible for tracking the 5-year holding period.

Select only one.

If you're not sure what type of IRA you have, you can look at the name of the account on your investment statement. If it doesn't specifically indicate "Roth," select "Traditional IRA."

- This is a **Traditional IRA**; therefore, the 5-year holding period requirement does not apply.
- This is a **Roth IRA** and I have met the 5-year holding period requirement.
- This is a **Roth IRA**, but I have not met the 5-year holding period requirement or I don't know if I have met the requirement.

INVESTMENT AND INSURANCE PRODUCTS ARE:

• NOT A DEPOSIT • NOT FDIC INSURED • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY
• NO BANK GUARANTEE • MAY LOSE VALUE

3. What Type of Distribution Are You Taking?

Select only one.

See Section 72(t)(2) of the Internal Revenue Code and speak with your tax advisor to see if you qualify for an early distribution exception.

- Normal Distribution** – I'm age 59½ or older.
- Early Distribution: No Exceptions** – I'm under the age of 59½ with no known exceptions.
- Early Distribution: Exception for First-Time Home Purchase** (cash distribution only) – I'm under the age of 59½; I understand there is a lifetime limit of \$10,000.
- Early Distribution: Exception for Health Insurance Premiums** (cash distribution only) – I'm under the age of 59½; I have received unemployment compensation for 12 weeks.
- Early Distribution: Exception for Qualified Higher Education Expenses** (cash distribution only) – I'm under the age of 59½.
- Early Distribution: Exception for Qualified Birth or Adoption Distribution** (cash distribution only) – I'm under the age of 59½; I understand there is a limit of \$5,000 per child.
- Early Distribution: Exception for Medical Expenses in Excess of 10% of My Adjusted Gross Income** (cash distribution only) – I'm under the age of 59½.
- Disability Distribution** – I certify I am disabled as defined in Section 72(m)(7) of the Internal Revenue Code.
- Distribution to Beneficiary, Executor, Trustee or Representative from previously established Beneficiary IRA.**
- Direct Rollover from your Traditional IRA (including SEP-IRAs and Beneficiary IRAs) to an Employer-Sponsored Plan:** A signed letter of acceptance from the receiving employer-sponsored plan administrator must be submitted with this form. If this form is submitted by fax or mail, it must be notarized. It does not need to be notarized if this form is submitted through Secure Message. Direct rollovers will be made payable to the receiving employer-sponsored plan.
- Return of Excess Contribution** (cash distribution only) – Select this option to remove an over contribution, invalid contribution or ineligible contribution.

Talk to your tax advisor regarding the tax treatment and use of a returned excess contribution.

1. On what date did you make the excess contribution?

(month/day/year)

2. For what tax year did you make the excess contribution?

(year)

3. How much was the original excess contribution?

(dollar amount)

4. Are you requesting the return of this excess contribution after your tax filing deadline, including the available 6 month IRS extension, for the tax year you entered in question 2? (If you select "Yes," you can withdraw the excess contribution without taking into account any gains or losses. If you select "No," the amount returned will include any net income (gain or loss) attributable to the excess contribution.)

Yes (go to question 6)

No

5. How much was the net income (gain or loss) attributable to the excess contribution? (This may be a negative number. You do not need to calculate this amount if you answered "Yes" to question 4.)

(dollar amount)

6. Amount that we will return to you:

(dollar amount)

Treasury regulations require a specific calculation to be used to determine whether there is a gain or a loss on your excess contribution when removing it on or before your tax filing deadline. If there is a loss, the amount will be deducted from the excess contribution amount to be withdrawn.

Use IRS Publication 590-A worksheets (or contact your tax advisor) when calculating your gain or loss amount.

Your Name

Your Account Number

4. What Assets Would You Like to Distribute?

Important information about your distribution

For cash distributions, ensure there is enough cash in your account to cover the amount of the distribution before submitting this request. **The request will not be processed if there are insufficient funds to cover the request.**

If you are closing this account, any residual credits will be paid out according to your instructions on this form.

For securities distributions, make sure you have enough cash to cover any federal and state tax withholding amounts or the request cannot be processed. The value of your securities may vary due to market fluctuations and will be determined at the close of business on the transaction date. As a result, specific dollar withholding amounts may be a lower or higher percentage of the distribution than expected.

Custodial fees and termination fees may be charged if your distribution depletes your account. Be sure there is enough cash available to cover these fees after the distribution. Fees can be found at www.chase.com/online-investing-fees.

Select only one.

Only complete the cash and securities table if you select the second option. If you select the first option, proceed to Section 5.

- Distribute all of my assets and close my account.** If you would like an all-cash distribution, ensure that all assets have been liquidated. *(Please proceed to Section 5 – do not complete the table below.)*
- Distribute only the cash and/or securities listed below.** For securities, only whole shares may be distributed unless you note that you want “All” shares distributed, which would include fractional shares.

If you need more room, attach an additional sheet to this form that includes your name, account number and security descriptions – sign and date the additional sheet.

Enter Dollar Amount or "All"		
CASH		
Enter Number of Shares or "All"		
SECURITIES	Security Description	Symbol/CUSIP

Your Name	Your Account Number

Fill out only one section
(A, B, C or D).

Be sure to attach a copy
of a voided check for a
non-Chase checking
account.

This form must be
notarized if you are
requesting a check be sent
to an alternative address
or to a third party, and you
are submitting this form by
fax or mail. This form does
not need to be notarized if
submitted by Secure
Message.

5. How Would You Like to Receive the Distribution?

A. DEPOSIT DIRECTLY INTO MY BANK/FINANCIAL INSTITUTION ACCOUNT

- Deposit directly into my bank/financial institution account using the instructions below.

Bank/Financial Institution Name (for example, "Chase")

Account Type (select one)

- Checking
 Savings

Bank/Financial Institution Account Number

Routing Number

Linking your account to a non-Chase bank/financial institution account? Here are some important things to know:

- For a non-Chase **checking** account, you must attach a copy of a voided check (we are not able to accept counter or starter checks).
- For a non-Chase **savings** account, attach a letter on the bank/financial institution's letterhead containing your name, account type (for example, "money market savings"), routing number and account number. Ensure the letter also contains a notarized, dated signature of an individual acting on behalf of the bank/financial institution (we cannot accept your signature on the letter).
- When you link your JPMS IRA to a non-Chase bank/financial institution account, you will notice a \$1 charge and a \$1 credit to your bank/financial institution account. We do this to validate the account before linking it to your JPMS IRA.

B. SEND A CHECK

- Optional overnight delivery:** Please send this check overnight using the delivery instructions below. Overnight delivery requests will expedite a check's receipt, but only after the transaction itself is processed. Overnight delivery fees can be found at www.chase.com/online-investing-fees.

- Send a check, made payable to me, to my address of record.
 Send a check, made payable to me, to the alternative address below.

Mailing Address

City

State

ZIP Code

- Send a check, made payable to a third party, to the address below.

Payee Name

Mailing Address

City

State

ZIP Code

Your Name

Your Account Number

J.P. Morgan Securities LLC
Member FINRA and SIPC

This form must be notarized if the account number provided belongs to someone other than you (a third party) and you are submitting this form by fax or mail. This form does not need to be notarized if submitted by Secure Message.

This form must be notarized for all wire transfers if you are submitting this form by fax or mail. This form does not need to be notarized if submitted through Secure Message.

We may call you at the number on file for your account to confirm the wire before it is processed.

Please ensure you have enough cash available in your account to cover the wire fee. Please refer to the Fee Schedule at www.chase.com/online-investing-fees for Wire Transfer fees.

C. DISTRIBUTE MY ASSETS TO A JPMS NON-RETIREMENT BROKERAGE ACCOUNT

- Distribute the assets I listed in Section 4 to my existing JPMS non-retirement brokerage account.
- Distribute the assets I listed in Section 4 to an existing JPMS non-retirement brokerage account of a third party.

Account Number
Account Number

D. DISTRIBUTE AS A WIRE TRANSFER

- Send a wire to me or a third party using the wire instructions below.

Receiving Account Information

Bank/Financial Institution Name

Wire Routing Number

Bank/Financial Institution Account Number

Bank/Financial Institution Account Holder Name

Please confirm the Wire Routing Number with your bank/financial institution. A financial institution's wire and checking/savings routing numbers are not always the same.

Intermediary Bank/Financial Institution Details and Special Instructions (complete if applicable)

Not all banks and financial institutions can receive wires directly through the Fed Funds wire system. In these situations, wires are normally routed through an intermediary bank or financial institution that then credits an account established for the receiving bank or financial institution. If this applies, complete Section I below. In some cases, the receiving bank or financial institution may need additional information in order to credit those funds to the right party. Typical examples include situations where the account number belongs to another financial firm or pension plan. If this applies, complete Section II below.

I. Intermediary Bank/Financial Institution Details

Intermediary Bank/Financial Institution Name

Intermediary Bank/Financial Institution Account Number

II. Special Instructions

Account Number

Final Recipient Name

Reference Details (optional)

Instruction Description

Your Name

Your Account Number

6. Tax Withholding Elections

You must make an election for both federal and state tax withholding.

- **U.S. Person (U.S. Citizen or Resident Alien) or Beneficiary that is a U.S. Estate, Trust or Charity**
 - Distributions from an IRA are subject to federal and, in some cases, state income tax withholding.
 - Unless you elect otherwise, 10% of your distribution amount must be withheld in prepayment of federal income taxes.
 - Your elections will remain in effect until revoked by you in writing.
 - If applicable, state income tax must be withheld according to the requirements for your state of residence.
 - Several states require withholding from your distribution if you are subject to federal income tax withholding and may require that a separate election form be completed.
 - Consult your tax advisor for additional information regarding state income tax withholding.
- **U.S. Person residing abroad**
 - If you are a U.S. person residing abroad, you are not permitted to opt out of federal income tax withholding. We will withhold 10% unless a greater amount is elected.
- **Withholding for Nonresident Aliens or a Beneficiary that is a Foreign Estate, Trust or Charity**
 - If you are a nonresident alien, this form must be accompanied by a properly completed IRS Form W-8BEN.
 - We will generally withhold tax at a rate of 30%.
 - If you are a foreign simple or grantor trust, you must provide Form W-8IMY along with any necessary supporting documentation required by the Form W-8IMY instructions.

See IRS Publication 505 at www.irs.gov or speak to your tax advisor for more information on federal income tax withholding, and estimated tax requirements and penalties.

FEDERAL WITHHOLDING

You may elect not to have federal income tax withholding apply to your distribution by selecting the first option below. Your election will remain in effect until you revoke it in writing, which can be done at any time. There are penalties for not paying enough federal income taxes during the year, either through withholding on distributions or by making estimated tax payments.

- I elect to have no federal income tax withheld from my distribution.
- I elect to have the following percentage withheld from my distribution.
(must be 10% or greater) (percentage)

STATE WITHHOLDING

Certain states require withholding of a specific minimum percentage of your distribution or federal tax-withholding amount, or an amount in whole dollars. By signing this form, you authorize JPMS to adjust the withholding amount or percent requested to meet those requirements.

- I elect to have no state income tax withheld from my distribution, or I certify that I am not subject to state tax withholding.
- I elect to have the following percentage withheld from my distribution.
(percentage)
- I elect to have the following dollar amount withheld from my distribution.
(in whole dollars)

Ensure that JPMS has your current address on file before submitting this request. We will apply the tax withholding requirements of the state listed as your state of residence in our records.

Your Name

Your Account Number

7. Authorization

By signing below, I authorize J.P. Morgan Securities LLC (“JPMS”) to make this one-time distribution from my JPMS IRA as indicated on this form.

I acknowledge and understand:

- There may be fees associated with the liquidation of certain investments and/or the distribution.
- I am responsible for ensuring that there are sufficient funds available in my JPMS IRA for this distribution.
- This distribution can have important tax consequences and that this distribution and any tax withholding, if applicable, will be reported to the IRS on Form 1099-R or Form 1042-S.
- I should consult a legal, accounting or tax advisor with any questions.
- I assume full responsibility for the tax consequences of this election and the resulting distribution.
- If indicated on this form, and subject to the terms of the Brokerage Account Agreement governing my JPMS IRA, I hereby authorize JPMS to direct the distribution of money electronically according to the instructions outlined on this form between the JPMS IRA and the bank/financial institution account designated on this form, and authorize that bank/financial institution to credit and/or debit the same to the bank/financial institution account. JPMS will undertake to make transfers as directed, but is not responsible for damages of any nature resulting from delays, failures, omissions or errors relating to such transfers. I understand that, in rare instances, erroneous credits or debits may be made to the bank/financial institution account. If such is the case, I authorize JPMS to reverse such errors by debiting or crediting the bank/financial institution account and crediting or debiting the JPMS IRA as is appropriate.
- The origination of Automated Clearing House (ACH) transactions to or from my account(s) must comply with the provisions of U.S. law.
- This authorization is to remain in full force and effect until JPMS has received written notification (provided to JPMS at J.P. Morgan Securities LLC, IL1-0291, 10 S Dearborn, Chicago IL 60603) from me of its termination in such time and in such manner as to afford JPMS and the bank/financial institution a reasonable opportunity on which to act.
- I hereby agree to indemnify and hold JPMS, its successors, affiliates, assigns, officers, directors, agents and employees (the “Indemnified Parties”) harmless from, and to pay the Indemnified Parties promptly on demand, any and all losses, liabilities, damages, claims, costs or expenses (including attorneys’ fees and expenses) incurred by the Indemnified Parties in connection with their reliance on this distribution request and authorization(s), including in the event that I fail to meet any applicable requirements regarding the requested distribution from my IRA. These indemnification provisions are in addition to (and in no way limit or restrict) any rights which any of the Indemnified Parties may have under any other agreement(s) between myself and any of the Indemnified Parties or under any federal or state statutes, laws, rules or regulations. This indemnity shall survive termination of any authorization with respect to transactions entered into during the term of the authorization.

I certify that:

- No tax or legal advice has been given to me by JPMS and all decisions regarding this election are my own.
- Under penalties of perjury, I am a U.S. person (including a U.S. resident alien).
- For a rollover to an employer-sponsored plan, these funds are eligible for rollover to the plan as I have met or will meet all applicable requirements, including that I have retained any required minimum distribution and I am not rolling over any funds I am required to withdraw.

Your Signature

Date (month/day/year)

Your Name

Your Account Number

8. Identity Verification

If you are submitting this form by **Secure Message**, notarization is never required.

If you are submitting this form by **fax or mail**, notarization is required if you have selected an option in Section 3 or 5 that indicates notarization is required. Please have a notary public complete the box below.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF _____) COUNTY OF _____)	SS:	Place Stamp Here
Subscribed, sworn to and acknowledged before me by _____ Name of Document Signer (above), this _____ day of _____, _____ Day Month Year		
_____ Signature of Notary Public		My commission expires _____

_____ Your Name

_____ Your Account Number
