

**ATTACHMENT 2**

**JPM Stable Value Fund Litigation  
c/o JND Class Action Administration  
P.O. Box 91324  
Seattle, WA 98111-9424  
[www.jpmsvfclassaction.com](http://www.jpmsvfclassaction.com)**

**CLAIM FORM TO PROVE ELIGIBILITY FOR A SETTLEMENT PAYMENT**

**QUESTIONS? VISIT: [WWW.JPMSVFCLASSACTION.COM](http://WWW.JPMSVFCLASSACTION.COM), OR CALL 1-844-877-5911.**

This Claim Form is **ONLY** for 401(k) participants whose stable value investment information from their employer's 401(k) plan was not sufficiently available to Class Counsel. These plans are listed in Attachment 1 to the Notice that accompanies this Proof of Eligibility Claim Form. If your employer's 401(k) plan is on the list and you invested in a JPMorgan stable value offering through your employer's plan at any time from January 1, 2009 through December 31, 2010, you may be a member of the Class eligible to receive a payment under the Settlement.

This Proof of Eligibility Claim Form must be completed, signed and received by the Settlement Administrator no later than **July 9, 2019** in order for you to receive your share of the Settlement proceeds. Please review the instructions below carefully. If you have questions regarding this Proof of Eligibility Claim Form, you may contact the Settlement Administrator as indicated below.

**\*\*IMPORTANT\*\***

**If you do not complete and return this form on time you will NOT receive any Settlement payment.**

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**PART 1: INSTRUCTIONS FOR COMPLETING PROOF OF ELIGIBILITY CLAIM FORM**

1. Complete this Proof of Eligibility Claim Form and keep a copy of all pages of your Proof of Eligibility Claim Form, including page 1 with the address label, for your records.
2. **Mail your completed Proof of Eligibility Claim Form to the following address so that it is received by the Settlement Administrator no later than July 9, 2019:**

JPM Stable Value Fund Litigation  
c/o JND Class Action Administration  
P.O. Box 91324  
Seattle, WA 98111-9424

It is your responsibility to ensure the Settlement Administrator has timely received your Former Participant Claim Form.

3. Other Reminders:
  - You must provide date of birth, signature and Substitute IRS Form W-9, which is attached as Part 6 to this form.
  - If you wish to do a rollover, and you do not complete in full the rollover information in Part 5 Payment Election of this Claim Form, payment will be made to the Participant.
  - If you change your address after sending in your Proof of Eligibility Claim Form, please send your new address to the Settlement Administrator.
  - **Timing of Payments to Eligible Settlement Class Members.** Please note that Settlement payments are subject to final Court approval of the Settlement. If the Settlement is approved and if you are entitled to a payment, such payments will be distributed no earlier than late-2019 due to the need to process and verify information and compute the amount of each payment. Payments may be further delayed if any appeals are filed.
4. **Questions?** If you have any questions about this Proof of Eligibility Claim Form, please call the Settlement Administrator at 1-844-877-5911. The Settlement Administrator will provide advice only regarding completing this form and will not provide financial, tax or other advice concerning the Settlement. You therefore may want to consult with your financial or tax advisor. Information about the status of the approval of the Settlement, the Settlement administration and claim processing is available on the Settlement website, [www.jpmsvfclassaction.com](http://www.jpmsvfclassaction.com).

For more information about the settlement, please see [www.jpmsvfclassaction.com](http://www.jpmsvfclassaction.com), or call 1-844-877-5911.

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2009		2010		2011		2012	
<input type="checkbox"/> January	\$_____ .00	<input type="checkbox"/> January	\$_____ .00	<input type="checkbox"/> January	\$_____ .00	<input type="checkbox"/> January	\$_____ .00
<input type="checkbox"/> February	\$_____ .00	<input type="checkbox"/> February	\$_____ .00	<input type="checkbox"/> February	\$_____ .00	<input type="checkbox"/> February	\$_____ .00
<input type="checkbox"/> March	\$_____ .00	<input type="checkbox"/> March	\$_____ .00	<input type="checkbox"/> March	\$_____ .00	<input type="checkbox"/> March	\$_____ .00
<input type="checkbox"/> April	\$_____ .00	<input type="checkbox"/> April	\$_____ .00	<input type="checkbox"/> April	\$_____ .00	<input type="checkbox"/> April	\$_____ .00
<input type="checkbox"/> May	\$_____ .00	<input type="checkbox"/> May	\$_____ .00	<input type="checkbox"/> May	\$_____ .00	<input type="checkbox"/> May	\$_____ .00
<input type="checkbox"/> June	\$_____ .00	<input type="checkbox"/> June	\$_____ .00	<input type="checkbox"/> June	\$_____ .00	<input type="checkbox"/> June	\$_____ .00
<input type="checkbox"/> July	\$_____ .00	<input type="checkbox"/> July	\$_____ .00	<input type="checkbox"/> July	\$_____ .00	<input type="checkbox"/> July	\$_____ .00
<input type="checkbox"/> August	\$_____ .00	<input type="checkbox"/> August	\$_____ .00	<input type="checkbox"/> August	\$_____ .00	<input type="checkbox"/> August	\$_____ .00
<input type="checkbox"/> September	\$_____ .00	<input type="checkbox"/> September	\$_____ .00	<input type="checkbox"/> September	\$_____ .00	<input type="checkbox"/> September	\$_____ .00
<input type="checkbox"/> October	\$_____ .00	<input type="checkbox"/> October	\$_____ .00	<input type="checkbox"/> October	\$_____ .00	<input type="checkbox"/> October	\$_____ .00
<input type="checkbox"/> November	\$_____ .00	<input type="checkbox"/> November	\$_____ .00	<input type="checkbox"/> November	\$_____ .00	<input type="checkbox"/> November	\$_____ .00
<input type="checkbox"/> December	\$_____ .00	<input type="checkbox"/> December	\$_____ .00	<input type="checkbox"/> December	\$_____ .00	<input type="checkbox"/> December	\$_____ .00

Please enclose any statements from your 401(k) plan confirming your stable value investments when you return your Claim Form.

- I am enclosing documents confirming my stable value investments.
- I am **NOT** enclosing documents.

**PART 4: BENEFICIARY OR ALTERNATE PAYEE INFORMATION (IF APPLICABLE)**

- Check here if you are the **surviving spouse or other beneficiary** for the Participant and the Participant is deceased. **Documentation must be provided showing current authority of the representative to file on behalf of the deceased.** Please complete the information below and then continue on to Parts 5 and 6 on the next page.
- Check here if you are an **alternate payee under a qualified domestic relations order (QDRO), or attorney-in-fact** for the Participant. The Settlement Administrator may contact you with further instructions. Please complete the information below and then continue to Parts 5 and 6 on the next page.

Your First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Social Security Number or Tax ID Number	Your Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>
	M M	D D Y Y Y Y
Your Mailing Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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