

BENEFICIARY NON-IRA RETIREMENT DISTRIBUTION FORM

This form is being provided to assist you with completing a JPMorgan Stable Value Fund Litigation Settlement claim where no other beneficiary documentation is available regarding a deceased Class Member. After reviewing the information on this form, complete sections A, B and C. Then sign your request below under section D. You must also provide a copy of the Class Member's death certificate with an explanation of your authority to file the claim on behalf of the deceased Class Member and why no other documentation is available.

Return delivery option:

- Mail the signed form, death certificate copy, and explanation to the Settlement Administrator at the following address:

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

A. DECEDENT'S INFORMATION:

_____-_____-_____
Name (First, M.I., Last) Social Security Number
Marital Status: Single Married: Spouse's name _____

B. BENEFICIARY INFORMATION: Beneficiary %: _____ State of Residence: _____
_____-_____-_____
Name (First, M.I., Last) / / Date of Birth Social Security Number
_____-_____-_____
Street Address (Physical Address) APT # City State ZIP

C. ELECTION – I elect to receive a JPMorgan Stable Value Fund Litigation Settlement distribution as follows:

Spousal Beneficiary ONLY:

- Issue a check in my name, subject to 20% federal withholding and state withholding, if applicable.
- Issue a check payable to my IRA, qualified retirement plan, 403(a), 403(b), or 457 plan as follows:

Non-Spousal Beneficiary:

- Issue a check in my name, subject to 20% federal withholding (and state withholding, if applicable).
- Issue a check payable to my §408(d)(3)(c) Inherited IRA as follows: _____

D. SIGNATURE - I am a beneficiary authorized to receive this Settlement distribution. I understand that I will receive IRS Form 1099-R reporting this amount. I hereby affirm that the information given is true and correct and authorize the JPM Stable Value Fund Settlement Administrator to make the distribution according to the instructions on this form.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct social security number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.

Exemption from FATCA reporting code (if any) _____.

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Beneficiary

Printed Name

Date