

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

FORMER PARTICIPANT CLAIM FORM

This Former Participant Claim Form is **ONLY** for Class Members who are **Former Participants**, or the beneficiaries, alternate payees or attorneys-in-fact of Former Participants. A Former Participant is a Class Member who no longer had a positive balance ("Active Account") in any of the Plans listed in Attachment 1 to the Settlement Notice as of the most current participant data received by Class Counsel.

This 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 Claim Form, you may contact the Settlement Administrator as indicated below.

****IMPORTANT****

Former Participants who do not complete and return this form on time will NOT receive any Settlement payment.

PART 1: INSTRUCTIONS FOR COMPLETING FORMER PARTICIPANT CLAIM FORM

1. Complete this Former Participant Claim Form and keep a copy of all pages of your Former Participant Claim Form, including page 1 with the address label, for your records.
2. **Mail your completed Former Participant 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 5 to this form.
 - If you wish to do a rollover, and you do not complete in full the rollover information in Part 4 Payment Election of this Claim Form, payment will be made to the Participant.
 - If you change your address after sending in your Former Participant 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 Former Participant 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 lawsuit website, www.jpmsvfclassaction.com.

You are eligible to receive a payment from a class action settlement. The court has preliminarily approved the class settlement of *In re: J.P. Morgan Stable Value Fund ERISA Litigation*, Case No. 12-CV-2548 (the "Action"). That Settlement provides allocation of monies to the individual accounts of Settlement Class Members who have Active Accounts. Former Participants will receive their allocation in the form of a check or rollover if and only if they submit a valid Former Participant Claim Form to be received by the Settlement Administrator by **July 9, 2019**.

Because you are a Former Participant (or beneficiary of a Former Participant) in the Plans, you must decide whether you want your payment (1) sent payable to you directly or (2) rolled over into an eligible retirement plan or individual retirement account ("IRA"). To make that choice, please complete and return this Former Participant Claim Form by the above deadline. If you do not indicate a payment election, your payment will be sent payable to you directly.

For more information about the Settlement, please see www.jpmsvfclassaction.com, or call 1-844-877-5911.

QUESTIONS? VISIT: WWW.JPMSVFCLASSACTION.COM, OR CALL 1-844-877-5911.

PART 4: PAYMENT ELECTION

- Payment to Self** - A check subject to mandatory federal and applicable state withholding tax will be mailed to your address on the previous page.
- Direct Rollover to an Eligible Plan** - Check only one box below and complete Rollover Information Section Below:
 - Government 457(b) 401(a)/401(k) 403(b)
 - Direct Rollover to a Traditional IRA Direct Rollover to a Roth IRA (subject to ordinary income tax)

Rollover Information:

Company or Trustee's Name (to whom the check should be made payable)

[Grid for Company or Trustee's Name]

Company or Trustee's Mailing Address 1

[Grid for Company or Trustee's Mailing Address 1]

Company or Trustee's Mailing Address 2

[Grid for Company or Trustee's Mailing Address 2]

Company or Trustee's City

[Grid for Company or Trustee's City]

State

[Grid for State]

Zip Code

[Grid for Zip Code]

Account Number

[Grid for Account Number]

Company or Trustee's Phone Number

[Grid for Company or Trustee's Phone Number]

PART 5: SIGNATURE, CONSENT, AND SUBSTITUTE IRS FORM W-9

UNDER PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORMER PARTICIPANT CLAIM FORM IS TRUE, CORRECT AND COMPLETE AND THAT I SIGNED THIS FORMER PARTICIPANT CLAIM FORM.

1. The Social Security number shown on this form is my correct taxpayer identification 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. Person (including a U.S. resident alien).

Participant Signature

[Grid for Date Signed: MM/DD/YYYY]

Date Signed (Required)

Note: if you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above. The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.