Simple IRA
Participant Enrollment Application A

Print Form

J.P.Morgan Asset Management

Customer Service: 1-877-SMPLONE

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

Federal law requires all financial institutions to obtain, verify, and record information that identifies each investor who opens an account. When you open an account, we will ask for your name, legal address, date of birth and other information that will allow us to identify you. These requirements cannot be waived.

I, the person signing this enrollment application (hereinafter called the "participant"), establish a Simple Individual Retirement Account (the "account") with State Street Bank and Trust Company as custodian, to operate in conjunction with a Simple IRA plan established by my employer or to receive a transfer from another Simple IRA. I agree to the terms of my account, which are contained in the document entitled "J.P. Morgan Funds Simple IRA Custodial Agreement." My account will be effective upon acceptance by State Street Bank and Trust Company.

1. Personal Information

*First Name ____ M.I. ____ Last Name ____

*Mailing Address ____

Suite/apartment ____ City ____ State ____ Zip code ____

*Residential/legal address (required if different from above) ____

Suite/apartment ____ City ____ State ____ Zip code ____

*Social Security Number ____ *Date of Birth (MMDDYYYY) ____

* ☐ **U.S. citizen** **OR** ☐ **Resident alien (Not eligible for purchase by non-resident alien.)**

Daytime Phone ____ E-mail address ____

Occupation ____

Servicing Agent/Dealer Use Only (Not for shareholder use.)

Annual Income (Select one)	☐ Under $25,000	☐ $25,000-$49,999	☐ $50,000-$99,999	☐ $100,000 or more	
Liquid Net Worth* (Select one)	☐ Under $25,000	☐ $25,000-$49,999	☐ $50,000-$99,999	☐ $100,000-$249,999	☐ $250,000 or more
Cash Equivalents** (Select one)	☐ Under $5,000	☐ $5,000-$9,999	☐ $10,000-$14,999	☐ $15,000 or more	
Federal Tax Bracket (Select one)	☐ 10%-15%	☐ 25%-31%	☐ 33% & above		
Risk Tolerance (Select one)	☐ Conservative	☐ Moderate	☐ Aggressive		
Investment Objectives (Select one)	☐ Income	☐ Growth			
Investment Experience (Select one)	☐ None	☐ Limited	☐ Good	☐ Extensive	

*Investable assets exclusive of real estate. **After this purchase, checking, savings, money markets, treasury bills, CDs with maturities less than one year

2. Employer Information

☐ My employer is a registered broker/dealer.

Name ____

Tax I.D. Number ____ Plan I.D. Number ____

Address ____

Suite/apartment ____ City ____ State ____ Zip code ____

Name of contact person ____ Phone Number ____

***Account forms that do not include this information will be rejected.**

3. Fund Selection

☐ I acknowledge that I have sole responsibility for my investment choices and that I have received a current prospectus for each fund I select. I have read the prospectus(es) of the fund(s) selected before investing. Amount as % must equal 100%.

JPMorgan SmartRetirement Funds	Fund numbers by share class A	C	Amount (as %)
JPM SmartRetirement Income	☐ 2200	☐ 2201	
JPM SmartRetirement 2010	☐ 2210	☐ 2211	
JPM SmartRetirement 2015	☐ 2215	☐ 2216	
JPM SmartRetirement 2020	☐ 2220	☐ 2221	
JPM SmartRetirement 2025	☐ 2225	☐ 2226	
JPM SmartRetirement 2030	☐ 2230	☐ 2231	
JPM SmartRetirement 2035	☐ 2235	☐ 2236	
JPM SmartRetirement 2040	☐ 2240	☐ 2241	
JPM SmartRetirement 2045	☐ 2245	☐ 2246	
JPM SmartRetirement 2050	☐ 2250	☐ 2251	

Investor Funds	Fund numbers by share class A	C	Other	Amount (as %)
Investor Balanced	☐ 3557	☐ 3572		
Investor Conservative Growth	☐ 3560	☐ 3573		
Investor Growth	☐ 3551	☐ 3570		
Investor Growth & Income	☐ 3554	☐ 3571		

Money Market Fund	Fund numbers by share class Morgan	C	Other	Amount (as %)
Prime Money Market	☐ 283	☐ 656		

Specialty Fund	Fund numbers by share class A	C	Amount (as %)
Highbridge Statistical Market Neutral	☐ 1009	☐ 1010	

4. Sales Charge Waiver

In taking advantage of a sales charge reduction or waiver, you may link accounts for which you are the account owner, as well as accounts owned by your spouse or domestic partner and minor children.

☐ **Letter of intent** Optional: I understand that through accumulated investments I can reduce my sales charge. I plan to invest over a 13-month period in shares of one or more funds in the J.P. Morgan Funds an aggregate amount of at least:

☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $1,000,000

If the full amount is not invested within 13 months, reduced sales charges do not apply.

☐ I am already investing under an existing letter of intent. (You may attach a separate sheet if necessary.)

Fund ________ Account Number ________

☐ **Rights of accumulation** Optional: ☐ I already own shares of one or more of the funds in J.P. Morgan Funds, which may entitle me to a reduced sales charge. My shareholder/fund account numbers are: (Attach a separate sheet if necessary.)

Fund ________ Account Number ________

Fund ________ Account Number ________

☐ **I am an employee or immediate family member of an employee of J.P. Morgan Funds, JPMorgan Chase & Co., or another qualifying employer as outlined in the prospectus.**

Employer's name ________

Employee's name ________ Relationship to employee ________

5. Designation of Beneficiary

Please identify beneficiaries for your J.P. Morgan Funds IRA account.

☐ Check here if you have additional beneficiary designations.
Please attach a separate sheet of paper and include the information below along with your signature.

I hereby designate the following person(s) to receive the balance of my IRA account(s) upon my death. If I have designated more than one person, the amount distributed is to be divided equally among designated persons unless otherwise indicated by a "percentage of distribution." If any beneficiary predeceases me, his/her share is to be divided among the beneficiaries who survive me in the relative proportion assigned to each such surviving beneficiary. I understand that if I do not designate a beneficiary for my IRA, my surviving spouse will be my beneficiary, unless I have no surviving spouse, in which event my IRA will go to my estate. If I designated a beneficiary which is a trust, I have indicated the name, trustee's name, address and date of the trust. I reserve the right to change my beneficiary(ies) by written notice to J.P. Morgan Funds IRA custodian. Please note: If you reside in a state with community or marital property laws, you are married, and you wish to name a person(s) other than or in addition to your spouse as the beneficiary, you need to obtain your spouse's signature (see section 6).

Primary beneficiary(ies)

1. Name of beneficiary/trust

Name of trustee (if applicable)

*Date of Birth (MMDDYYYY) Percentage of distribution % Relationship

*Social Security Number OR *Tax ID Number

2. Name of beneficiary/trust

Name of trustee (if applicable)

*Date of Birth (MMDDYYYY) Percentage of distribution % Relationship

*Social Security Number OR *Tax ID Number

Secondary beneficiary(ies)

1. Name of beneficiary/trust

Name of trustee (if applicable)

*Date of Birth (MMDDYYYY) Percentage of distribution % Relationship

*Social Security Number OR *Tax ID Number

2. Name of beneficiary/trust

Name of trustee (if applicable)

*Date of Birth (MMDDYYYY) Percentage of distribution % Relationship

*Social Security Number OR *Tax ID Number

6. Certifications and Signatures

Participant has received and read the SIMPLE IRA Employee Disclosure Statement relating to this account (including the custodian's fee schedule), the SIMPLE IRA Custodial Agreement document, and the "Instructions" pertaining to this SIMPLE IRA enrollment application. Participant has also received and read the summary description and notice from the employer relating to the employer's SIMPLE IRA plan.

Participant acknowledges receipt of the SIMPLE IRA Custodial Agreement document and SIMPLE IRA Employee Disclosure Statement 7 days before the date inscribed below and acknowledges that participant has no right of revocation.

Participant acknowledges that he/she must provide accurate information in this SIMPLE IRA enrollment application, and that he/she may incur extra taxes and/or penalties if the information is not accurate; accordingly participant certifies the accuracy of such information.

6. Certifications and Signatures (continued)

Products and services are provided by JPMorgan Distribution Services, Inc.

J.P. Morgan Funds are distributed by JPMorgan Distribution Services, Inc., which is a subsidiary of JPMorgan Chase & Co. Affiliates of JPMorgan Chase & Co. receive fees for providing various services to the funds

Call JPMorgan Distribution Services at 1-800-480-4111 or visit www.jpmorganfunds.com for the prospectus. Investors should carefully consider the investment objectives, risks, charges and expenses of the mutual funds carefully before investing. The prospectus contains this and other information about the mutual funds. Read the prospectus carefully before investing.

Appointment of agent

In order to facilitate the purchase and redemption of shares in J.P. Morgan Fund account(s) specified in this application or shares I later purchase, I hereby provide authorization for the servicing agent/dealer provided on this application, to fulfill requests upon my oral and/or written instructions including and not restricting:

1. Withdraw funds from my bank account specified in this application to purchase shares AND/OR
2. Arrange for the exchange of shares from one fund to another.

   This authorization shall continue until J.P. Morgan Funds receives written notice from me terminating the agency and/or designating another shareholder agent/dealer as agent for my account(s).

X______________________________ ______________________________

Signature of participant **Date**

X______________________________ ______________________________

Spousal signature (if appilcable - see section 5.) **Date**

Lisa McHanneke
____

Accepted by J.P. Morgan Funds IRA custodian: authorized signature

State Street Bank and Trust Company (SSBTC) accepts appointment as custodian of the participant's account. However, this agreement is not binding upon the custodian until the participant has received a statement of the transaction. Receipt by the participant of a confirmation of the purchase of the fund shares indicated above will serve as notification of SSBTC acceptance of appointment as custodian of the participant's account.

Servicing Agent/Dealer Use Only (Not for shareholder use.)

We hereby submit this application for the purpose of shares in accordance with the terms of our selling agreement with JPMorgan Distribution Services, Inc.:

J.P. Morgan Funds Dealer Number ________ Branch Number ________

Representative Number ________ Firm Name ________

Representative's Name (first, M, last) ________

Branch Address ________

City ________ State ________ Zip ________

Daytime Phone ________ E-mail Address ________

Please return your signed form(s) to:

Mailing address:
J.P. Morgan Funds.
Attention: DST Retirement Solutions
P.O. Box 55272
Boston, MA 02205-5272

Overnight mail:
J.P. Morgan Funds
Attention: DST Retirement Solutions
30 Dan Road
Canton, MA 02021-2809