

JPMORGAN CHASE & CO. | Private Bank Audit Confirmation Form

Please provide to our auditors the following information regarding our Private Bank accounts held in your custody:

PLEASE RETURN THIS FORM TO ONE OF THE BELOW

Email (preferred): jpm.pb.audit.confirmations@jpmorgan.com

Fax: Toll Free: 855.752.9901, International: 817.986.0732

Mail: J.P. Morgan Private Bank
Attn: Audit Confirmation Team
P.O. Box 6076
Newark, DE 19714-6076

ACCOUNT NAME(S)
AS OF DATE (mm/dd/yyyy)

For client inquiries, please contact your J.P. Morgan representative. For auditor inquiries, please call 302.634.8848. Please note, confidential information regarding client accounts will not be provided via telephone.

1. Information requested for the accounts listed below (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Account Balances | <input type="checkbox"/> Statements ¹ (Check one) | <input type="checkbox"/> Fair Market Pricing information |
| <input type="checkbox"/> Authorized Signers | <input type="checkbox"/> One month-end statement | <input type="checkbox"/> Report on Internal Controls |
| <input type="checkbox"/> Qualified Custodian ² | <input type="checkbox"/> 12 monthly statements per year | <input type="checkbox"/> Bridge Letter: date range (mm/dd/yyyy) _____ - _____ |

ACCOUNT NUMBER(S) If more than 16 accounts are requested, please attach a separate list of accounts			

2. Please provide credit information Yes No (If yes, check all that apply. If left blank, no credit information will be provided)

- Balance Date due Description of collateral Date paid through Interest rate

ACCOUNT NUMBER(S)/FACILITY NUMBER(S) If more than eight accounts/facilities are requested, please attach a separate list of accounts			

Additional credit information needed:

3. Please return this form directly to our auditors (Select one) Via Email Standard mail

Email address 1 _____ Email address 2 _____

Firm name _____

Attention _____

Address line 1 _____

Address line 2 _____

City _____ State _____ ZIP _____ Country _____

Authorization Request must be signed by either an individual authorized to sign singly or two individuals authorized to sign jointly as maintained on the client's records with the Bank.

Signature (Authorized signer) _____ Name (print) _____ Date _____

Signature (Authorized signer) _____ Name (print) _____ Date _____

Note: Information provided in response to this form is limited to Private Bank account month-end balances, statements, Private Bank Credit Facility details, Authorized Signers, Report on Internal Controls, a Bridge Letter, a Qualified Custodian Statement and Information on Fair Market Pricing. If you need additional information, please contact your Client Service Representative.

¹Statement information includes: listing of financial interests, list of any notices, securities, accounts receivable, list of notes, cash and positions, shares, etc. Statements will not be provided for deposit accounts.

²Qualified custodian statements are only provided to investment advisors or auditors of investment advisors.

The information in this report will be provided as an accommodation to the inquirer. The report and any information provided in connection therewith will be furnished on the condition that they are strictly confidential, that no liability or responsibility whatsoever in connection herewith shall attach to this Bank or any of its officers, employees, or agents, that the report makes no representations regarding the general condition of the subject, its management, or the subject's future ability to meet his/her/its obligations, and that any information provided is subject to change without notice. It will not relieve you from any other inquiry or from the performance of any other duty.