JPMorgan ADR FX Settlement
c/o KCC Class Action Services
P.O. Box 404068
Louisville, KY 40233-4068
1-866-637-9457
info@JPMorganADRFXSettlement.com

PROOF OF CLAIM AND RELEASE FORM

IMPORTANT – **If you hold (or held) the American Depositary Receipts or securities ("ADRs") covered by this Litigation directly through JPMorgan Chase Bank, N.A. ("JPM") and are listed on the records of JPM's transfer agent (referred to herein and in the Notice as a "Registered Holder Settlement Class Member"), you DO NOT need to complete and submit this Proof of Claim and Release Form ("Claim Form") to be eligible to receive a share of the Net Settlement Fund in connection with the Settlement of this Litigation. If you are a Registered Holder Settlement Class Member, you should receive/should have received a Postcard Notice in the mail. The Postcard Notice contains a Claim Number and PIN to access your holding and distribution information on the website www.JPMorganADRFXSettlement.com. Please refer to paragraph 2 of the General Instructions in this Claim Form and the Notice available on the website for more information. If you did NOT receive a Postcard Notice containing a Claim Number and PIN, please follow the instructions below to submit a Claim Form.**

IF YOU HOLD (OR HELD) THE ADRS COVERED BY THIS LITIGATION THROUGH A BANK, BROKER OR OTHER NOMINEE AND ARE NOT LISTED ON THE RECORDS OF JPM'S TRANSFER AGENT, YOU MUST COMPLETE AND SIGN THIS CLAIM FORM AND MAIL IT BY PREPAID, FIRST-CLASS MAIL TO THE ABOVE ADDRESS, OR SUBMIT IT ONLINE AT WWW.JPMORGANADRFXSETTLEMENT.COM, **POSTMARKED (OR RECEIVED) NO LATER THAN SEPTEMBER 19, 2019** IN ORDER TO BE ELIGIBLE TO RECEIVE A SHARE OF THE NET SETTLEMENT FUND IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION.

FAILURE TO SUBMIT YOUR CLAIM FORM BY THE DATE SPECIFIED ABOVE WILL SUBJECT YOUR CLAIM TO REJECTION AND MAY PRECLUDE YOU FROM BEING ELIGIBLE TO RECEIVE ANY MONEY IN CONNECTION WITH THE SETTLEMENT.

DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE SETTLING PARTIES, OR THEIR COUNSEL. SUBMIT YOUR CLAIM FORM ONLY TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS SET FORTH ABOVE, OR ONLINE AT WWW.JPMORGANADRFXSETTLEMENT.COM.

Official Office Use Only

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

Merryman et al. v. JPMorgan Chase Bank, N.A.

Civil Action No. 1:15-cv-09188-VEC

PROOF OF CLAIM AND RELEASE

<u>Please Type or Print in the Boxes Below</u>
Do <u>NOT</u> use Red Ink, Pencil, or Staples

PART I: CLAIMANT IDENTIFICATION

Last Name

M.I.

First Name

Last Name (Co-Beneficial Owner)

M.I.

First Name (Co-Beneficial Owner)

○ IRA ○ Joint Tenancy ○ Employee ○ Individual ○ Other_____ (specify)

Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA

Trustee/Asset Manager/Nominee/Record Owner's Name (If Different from Beneficial Owner Listed Above)

Account#/Fund# (Not Necessary for Individual Filers)

Last Four Digits of Social Security Number

or

Taxpayer Identification Number

Telephone Number (Primary Daytime)

Telephone Number (Alternate)

Email Address

MAILING INFORMATION

Address

Address

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

FOR CLAIMS PROCESSING ONLY OB CB ○ ATP ○ KE ○ ICI ○ BE ○ DR ○ EM ○ FL ○ ME ○ ND ○ OP ○ RE ○ SH MM / DD / YYYY FOR CLAIMS PROCESSING ONLY

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PART II – GENERAL INSTRUCTIONS

1.   It is important that you completely read and understand the Notice of (I) Pendency of Class Action and Proposed Settlement; (II) Final Approval Hearing; and (III) Motion for Attorneys' Fees and Reimbursement of Litigation Expenses (the "Notice") available at www.JPMorganADRFXSettlement.com, including the proposed Plan of Allocation of Net Settlement Fund attached as Exhibit 1 to the Notice. The Notice describes the proposed Settlement, how Settlement Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and that you understand the Notice, including the terms of the Releases described therein and provided for herein.

2.   **Important - Please Note**: Only Non-Registered Holder Settlement Class Members, i.e., Settlement Class Members who hold (or held) their eligible ADRs through a bank, broker or other nominee and are not listed on the records of JPM's transfer agent must submit a Claim Form to be eligible to receive a payment from the Settlement. Those Settlement Class Members who hold (or held) their eligible ADRs directly and are listed on the records of JPM's transfer agent (i.e., Registered Holder Settlement Class Members) do not need to submit a Claim Form in order to be eligible to receive a payment from the Settlement. Registered Holder Settlement Class Members should receive/should have received a Postcard Notice in the mail. The Postcard Notice contains a unique Claim Number and PIN to access, on the website www.JPMorganADRFXSettlement.com, information regarding the ADRs they held and the dividends/cash distributions they received per year during the relevant period as provided by JPM's transfer agent, which information will be used to calculate their Claim. **If you are unsure whether you are a Non-Registered Holder Settlement Class Member or a Registered Holder Settlement Class Member, please contact the Claims Administrator.**

3.   By submitting this Claim Form, you will be making a request to share in the proceeds of the Settlement described in the Notice. IF YOU ARE NOT A SETTLEMENT CLASS MEMBER (see definition of Settlement Class on page 6 of the Notice, which sets forth who is included in and who is excluded from the Settlement Class), OR IF YOU, OR SOMEONE ACTING ON YOUR BEHALF, SUBMITTED A REQUEST FOR EXCLUSION FROM THE SETTLEMENT CLASS, DO NOT SUBMIT A CLAIM FORM. **YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A SETTLEMENT CLASS MEMBER**. THUS, IF YOU ARE EXCLUDED FROM THE SETTLEMENT CLASS, ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.

4.   **Submission of this Claim Form does not guarantee that you will share in the proceeds of the Settlement. The distribution of the Net Settlement Fund will be governed by the Plan of Allocation set forth in the Notice, if it is approved by the Court, or by such other plan of allocation as the Court approves.**

5.   Use the Schedule of Dividends/Cash Distributions Per Eligible ADR per year in Part III of this Claim Form to supply all required information regarding the dividends/cash distributions you received per year as a result of your holdings in the ADRs covered by this Litigation. Please provide all of the requested information.

6.   You are required to submit genuine and sufficient documentation to support all of the dividends/cash distributions set forth in the Schedule of Dividends/Cash Distributions Per Eligible ADR per year in Part III of this Claim Form. Documentation may consist of copies of your end of year account statements, or an authorized statement from your broker containing the information regarding your dividends/cash distributions that would be found in a year-end account statement. **Please Note**: If you are a Non-Registered Holder Settlement Class Member, the Settling Parties and the Claims Administrator do not independently have information about your holdings in the ADRs covered by this Litigation or the dividends/cash distributions you may have received as a result of such holdings. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. **Please keep a copy of all documents that you send to the Claims Administrator. Also, please do not highlight any portion of the Claim Form or any supporting documents.**

7.   Separate Claim Forms should be submitted for each separate legal entity.

8.   All joint beneficial owners must each sign this Claim Form and their names must appear as "Claimants" in Part I of this Claim Form.

9.   Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:

(a)   expressly state the capacity in which they are acting;

(b)   identify the name, account number, last four digits of the Social Security Number (or taxpayer identification number), address and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the eligible ADRs; and

(c)   furnish herewith evidence of their authority to bind to the Claim Form the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade securities in another person's accounts.)

10. By submitting a signed Claim Form, you will be swearing that you:

    (a)   received the dividends/cash distributions you have listed in the Claim Form; or

    (b)   are expressly authorized to act on behalf of the owner of the ADRs that received such dividends/cash distributions.

11. By submitting a signed Claim Form, you will be swearing to the truth of the statements contained therein and the genuineness of the documents attached thereto, subject to penalties of perjury under the laws of the United States of America. The making of false statements, or the submission of forged or fraudulent documentation, will result in the rejection of your Claim and may subject you to civil liability or criminal prosecution.

12. If the Court approves the Settlement, payments to Authorized Recipients pursuant to the Plan of Allocation (or such other plan of allocation as the Court approves) will be made after any appeals are resolved, and after the completion of all Claims processing. The Claims process will take substantial time to complete fully and fairly. Please be patient.

13. **PLEASE NOTE**: As set forth in the Plan of Allocation, each Authorized Recipient shall receive his, her or its pro rata share of the Net Settlement Fund. If the prorated payment to any Authorized Recipient calculates to less than $1.00, it will not be included in the calculation and no distribution will be made to that Authorized Recipient.

14. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or the Notice, you may contact the Claims Administrator, KCC Class Action Services, at the above address, by toll-free phone at 1-866-637-9457, or by email at info@JPMorganADRFXSettlement.com, or you may download the documents from the website for the Settlement, www.JPMorganADRFXSettlement.com.

15. NOTICE REGARDING ELECTRONIC FILES: Certain Claimants may request, or may be requested, to submit information regarding their holdings in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the Settlement website at www.JPMorganADRFXSettlement.com or you may email the Claims Administrator's electronic filing department at Nominees@JPMorganADRFXSettlement.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. **Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at Nominees@JPMorganADRFXSettlement.com to inquire about your file and confirm it was received and acceptable.**

<u>**IMPORTANT: PLEASE NOTE**</u>

YOUR CLAIM IS NOT DEEMED FILED UNTIL YOU RECEIVE AN ACKNOWLEDGEMENT POSTCARD. THE CLAIMS ADMINISTRATOR WILL ACKNOWLEDGE RECEIPT OF YOUR CLAIM FORM BY MAIL WITHIN 60 DAYS. IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-866-637-9457.

PART III – SCHEDULE OF DIVIDENDS/CASH DISTRIBUTIONS PER ELIGIBLE ADR PER YEAR

Please be sure to include proper supporting documentation with your Claim Form as described in detail in Part II – General Instructions, paragraph 6, above.

A. Please fill in the total dividends/cash distributions you received from November 21, 2010 through July 18, 2018, inclusive, for each of the ADRs set forth below.

CUSIP	Code (To be entered below)	CUSIP	Code (To be entered below)
Banco Santander SA (CUSIP: 05964H105)	**BANS**	**Novo Nordisk A/S** (CUSIP: 670100205)	**NOVO**
Chunghwa Telecom Co., Ltd. (CUSIP: 17133Q502)	**CHUN**	**Prudential PLC** (CUSIP: 74435K204)	**PRUD**
CNOOC Ltd. (CUSIP: 126132109)	**CNOO**	**Rio Tinto PLC** (CUSIP: 767204100)	**RIOT**
ENEL SpA (CUSIP: 29265W207)	**ENEL**	**Sanofi** (CUSIP: 80105N105)	**SANO**
Guangshen Railway (CUSIP: 40065W107)	**GUAN**	**Vale S.A.** (CUSIP: 91912E105)	**VALE**
Nippon Telegraph & Telephone Corp. (CUSIP: 654624105)	**NIPP**	**Vale S.A. – Pref** (CUSIP: 91912E204)	**VALP**
Novartis A.G. (CUSIP: 66987V109)	**NOVA**	**Volkswagen AG – Pref** (CUSIP: 928662402)	**VOLP**

Code: ☐☐☐☐

Confirm Proof Enclosed ○ Yes ○ No

Nov. 21, 2010 through Dec. 31, 2010	2011	2012
$ ____ . __	$ ____ . __	$ ____ . __
2013	2014	2015
$ ____ . __	$ ____ . __	$ ____ . __
2016	2017	Jan. 1, 2018 through July 18, 2018
$ ____ . __	$ ____ . __	$ ____ . __

Code: ☐☐☐☐

Confirm Proof Enclosed ○ Yes ○ No

Nov. 21, 2010 through Dec. 31, 2010	2011	2012
$ ____ . __	$ ____ . __	$ ____ . __
2013	2014	2015
$ ____ . __	$ ____ . __	$ ____ . __
2016	2017	Jan. 1, 2018 through July 18, 2018
$ ____ . __	$ ____ . __	$ ____ . __

Code: ☐☐☐☐

Confirm Proof Enclosed ○ Yes ○ No

Nov. 21, 2010 through Dec. 31, 2010	2011	2012
$ ____ . __	$ ____ . __	$ ____ . __
2013	2014	2015
$ ____ . __	$ ____ . __	$ ____ . __
2016	2017	Jan. 1, 2018 through July 18, 2018
$ ____ . __	$ ____ . __	$ ____ . __

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME ON THE COPY AND FILL THIS CIRCLE: ○

IF YOU DO NOT FILL IN THIS CIRCLE THESE ADDITIONAL PAGES MAY NOT BE REVIEWED.

B. Please fill in the total dividends/cash distributions you received from November 21, 2012 through July 18, 2018, inclusive, for each of the ADRs set forth below.

CUSIP	Code (To be entered below)	CUSIP	Code (To be entered below)
Alcatel-Lucent (CUSIP: 013904305)	ALCA	Kubota Corp. (CUSIP: 501173207)	KUBO
Allianz SE (CUSIP: 018805101)	ALLI	Lafarge (CUSIP: 505861401)	LAFA
AMCOR Ltd. (CUSIP: 02341R302)	AMCO	Nissan Motor Co. Ltd. (CUSIP: 654744408)	NISS
ASML Holding NV (CUSIP: N07059210)	ASML	OMV AG (CUSIP: 670875509)	OMVA
BAE Systems PLC (CUSIP: 05523R107)	BAES	Panasonic Corp. (CUSIP: 69832A205)	PANA
Banco Santander SA (CUSIP: 05964H105)	BANS	Reckitt Benckiser Group PLC (CUSIP: 756255204)	RECK
Banco Santander Chile (CUSIP: 05965X109)	BANC	Roche Holding AG / Roche Holding Ltd. (CUSIP: 771195104)	ROCH
BNP Paribas (CUSIP: 05565A202)	BNPP	Rolls-Royce Holdings PLC (CUSIP: 775781206)	ROLL
Braskem SA (CUSIP: 105532105)	BRAS	SABMiller PLC (CUSIP: 78572M105)	SABM
BT Group PLC (CUSIP: 05577E101)	BTGR	Sony Corp. (CUSIP: 835699307)	SONY
Canon, Inc. (CUSIP: 138006309)	CANO	STMicroelectronics NV (CUSIP: 861012102)	STMI
Carlsberg A/S (CUSIP: 142795202)	CARL	Swedbank AB (CUSIP: 870195104)	SWED
Carnival PLC (CUSIP: 14365C103)	CARN	Telenor ASA (CUSIP: 87944W105)	TELE
CIA Brasileira De Distribuicao Grupo Pao De Acucar (CUSIP: 20440T201)	CIAB	Teva Pharmaceutical Industries Ltd. (CUSIP: 881624209)	TEVA
Danone (CUSIP: 23636T100)	DANO	TIM Participações SA (CUSIP: 88706P205)	TIMP
Gerdau SA (CUSIP: 373737105)	GERD	Tokio Marine Holdings Inc. (CUSIP: 889094108)	TOKI
Honda Motor Co. Ltd. (CUSIP: 438128308)	HOND	TOTAL SA (CUSIP: 89151E109)	TOTA
Iberdrola SA (CUSIP: 450737101)	IBER	Valeo SA (CUSIP: 919134304)	VALO
ING Groep NV (CUSIP: 456837103)	INGG	Volkswagen AG (CUSIP: 928662303)	VOLK
KB Financial Group Inc. (CUSIP: 48241A105)	KBFI	Yara International ASA (CUSIP: 984851204)	YARA
Kirin Holdings Co. Ltd. (CUSIP: 497350306)	KIRI		

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Code:	Nov. 21, 2012 through Dec. 31, 2012	2013	2014
☐☐☐☐	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐
	2015	**2016**	**2017**
	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐
Confirm Proof Enclosed ◯ Yes ◯ No	**Jan. 1, 2018 through July 18, 2018** $ ☐☐☐☐ . ☐☐		

Code:	Nov. 21, 2012 through Dec. 31, 2012	2013	2014
☐☐☐☐	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐
	2015	**2016**	**2017**
	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐
Confirm Proof Enclosed ◯ Yes ◯ No	**Jan. 1, 2018 through July 18, 2018** $ ☐☐☐☐ . ☐☐		

Code:	Nov. 21, 2012 through Dec. 31, 2012	2013	2014
☐☐☐☐	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐
	2015	**2016**	**2017**
	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐
Confirm Proof Enclosed ◯ Yes ◯ No	**Jan. 1, 2018 through July 18, 2018** $ ☐☐☐☐ . ☐☐		

Code:	Nov. 21, 2012 through Dec. 31, 2012	2013	2014
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	2015	**2016**	**2017**
	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐
Confirm Proof Enclosed ◯ Yes ◯ No	**Jan. 1, 2018 through July 18, 2018** $ ☐☐☐☐ . ☐☐		

Code:	Nov. 21, 2012 through Dec. 31, 2012	2013	2014
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	2015	**2016**	**2017**
	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐
Confirm Proof Enclosed ◯ Yes ◯ No	**Jan. 1, 2018 through July 18, 2018** $ ☐☐☐☐ . ☐☐		

Code:	Nov. 21, 2012 through Dec. 31, 2012	2013	2014
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	2015	**2016**	**2017**
	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐	$ ☐☐☐☐ . ☐☐
Confirm Proof Enclosed ◯ Yes ◯ No	**Jan. 1, 2018 through July 18, 2018** $ ☐☐☐☐ . ☐☐		

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS PLEASE PHOTOCOPY THIS PAGE,
WRITE YOUR NAME ON THE COPY AND FILL THIS CIRCLE: ◯
IF YOU DO NOT FILL IN THIS CIRCLE THESE ADDITIONAL PAGES MAY NOT BE REVIEWED.

PART IV - RELEASE OF CLAIMS AND SIGNATURE

YOU MUST ALSO READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON PAGE 9 OF THIS CLAIM FORM.

I (we) hereby acknowledge that, pursuant to the terms set forth in the Stipulation, without further action by anyone, upon the Effective Date of the Settlement, I (we), on behalf of myself (ourselves) and my (our) respective present and former affiliates, parents, subsidiaries, officers, directors, employees, agents, successors, predecessors, assigns, assignees, partnerships, partners, trustees, trusts or holdings of personal or family assets, estates, heirs, executors, administrators, members, managers, owners, beneficiaries, custodians, representatives, devisees, legatees, Immediate Family members, advisors, consultants, insurers, reinsurers, stockholders, investors, nominees and attorneys and any Person legally entitled to bring Released Claims on behalf of me (us), in their capacities as such, any Person(s) I (we) represent in connection with the Litigation or in connection with the purchase or sale of any of the securities listed in Appendix 1 or 2 to the Stipulation, and any Person(s) who claim through or on behalf of me (us), in that capacity, shall be deemed to have, and by operation of law and of the judgment shall have, fully, finally and forever compromised, settled, released, resolved, relinquished, waived and discharged each and every Released Claim against any of the Released Defendant Parties, and shall forever be barred and enjoined from prosecuting any or all of the Released Claims against any of the Released Defendant Parties. I (we) also hereby acknowledge that I (we) shall be bound by the terms of the Releases set forth in the Stipulation whether or not I (we) obtain a recovery from the Settlement Fund, or seek, or actually receive a distribution from the Net Settlement Fund.

CERTIFICATION

By signing and submitting this Claim Form, the Claimant(s) or the person(s) who represent(s) the Claimant(s) certifies (certify), as follows:

1. that I (we) have read and understand the contents of the Notice and this Claim Form, including the Releases provided for in the Settlement and the terms of the Plan of Allocation;

2. that the Claimant(s) is a (are) Settlement Class Member(s), as defined in the Notice, and is (are) not excluded by definition from the Settlement Class as set forth in the Notice;

3. that the Claimant has **not** submitted a request for exclusion from the Settlement Class;

4. that I (we) received the dividends/cash distributions identified in this Claim Form and have not assigned the claim against the Defendant or any of the other Released Defendant Parties to another, or that, in signing and submitting this Claim Form, I (we) have the authority to act on behalf of the owner(s) thereof;

5. that the Claimant(s) has (have) not submitted any other claim covering the same dividends/cash distributions identified in this Claim Form and knows (know) of no other person having done so on the Claimant's (Claimants') behalf;

6. that the Claimant(s) submit(s) to the jurisdiction of the Court with respect to the Claimant's (Claimants') claim and for purposes of enforcing the Releases set forth herein;

7. that I (we) agree to furnish such additional information with respect to this Claim Form as Lead Counsel, the Claims Administrator or the Court may require;

8. that the Claimant(s) waive(s) the right to trial by jury, to the extent it exists, and agree(s) to the Court's summary disposition of the determination of the validity or amount of the Claim made by this Claim Form;

9. that I (we) acknowledge that the Claimant(s) will be bound by and subject to the terms of any judgment(s) that may be entered in the Litigation; and

10. that the Claimant(s) is (are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the Claimant(s) is (are) exempt from backup withholding or (b) the Claimant(s) has (have) not been notified by the IRS that he/she/it is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the Claimant(s) that he/she/it is no longer subject to backup withholding. **If the IRS has notified the Claimant(s) that he/she/it is subject to backup withholding, please strike out the language in the preceding sentence indicating that the claim is not subject to backup withholding in the certification above.**

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

_____   _____
Signature of Claimant   Date (mm/dd/yyyy)

_____
Print Name

_____   _____
Signature of joint Claimant, if any   Date (mm/dd/yyyy)

_____
Print Name

If the Claimant is other than an individual, or is not the person completing this form, the following also must be provided:

_____   _____
Signature of person signing on behalf of Claimant   Date (mm/dd/yyyy)

_____
Print Name

_____
Capacity of person signing on behalf of Claimant, if other than an individual, e.g.,
executor, president, trustee, custodian, etc. (Must provide evidence of authority
to act on behalf of Claimant – see paragraph 9 on page 3 of this Claim Form.)

REMINDER CHECKLIST

1. Please sign the above release and certification. If this Claim Form is being made on behalf of joint Claimants, then both must sign.

2. Remember to attach only **copies** of acceptable supporting documentation as these documents will not be returned to you.

3. Please do not highlight any portion of the Claim Form or any supporting documents.

4. Keep copies of the completed Claim Form and documentation for your own records.

5. The Claims Administrator will acknowledge receipt of your Claim Form by mail within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard. **IF YOU DO NOT RECEIVE AN ACKNOWLEDGEMENT POSTCARD WITHIN 60 DAYS, PLEASE CALL THE CLAIMS ADMINISTRATOR TOLL FREE AT 1-866-637-9457.**

6. If your address changes in the future, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.

7. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the below address, by toll-free phone at 1-866-637-9457, by email at info@JPMorganADRFXSettlement.com or visit www.JPMorganADRFXSettlement.com. Please DO NOT call JPM or its counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY PREPAID, FIRST-CLASS MAIL, OR SUBMITTED ONLINE AT WWW.JPMORGANADRFXSETTLEMENT.COM, **POSTMARKED (OR RECEIVED) NO LATER THAN SEPTEMBER 19, 2019** ADDRESSED AS FOLLOWS:

JPMorgan ADR FX Settlement
c/o KCC Class Action Services
P.O. Box 404068
Louisville, KY 40233-4068

If mailed, a Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark date on or before September 19, 2019 is indicated on the envelope and it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

You should be aware that it will take a significant amount of time to fully process all of the Claim Forms. Please be patient and notify the Claims Administrator of any change of address.

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