

Sweep Deadline (circle one)

# PB Funds Transfer Form/Input Guide

11:30 12:30 4:30 N/A EST  
8:30 10:30 1:30 N/A PST

# JPMorgan

|                      |      |                |          |
|----------------------|------|----------------|----------|
| Today's Date         | Time | Execution Date | Amount   |
|                      |      | 11/25          | \$ 5,000 |
| Debit Account Title: |      |                |          |

|                    |                          |                        |                          |                 |                          |
|--------------------|--------------------------|------------------------|--------------------------|-----------------|--------------------------|
| Debit Account Type |                          | Custody Principal      | <input type="checkbox"/> | Custody Income  | <input type="checkbox"/> |
| DDA                | <input type="checkbox"/> | Trust Principal        | <input type="checkbox"/> | Trust Income    | <input type="checkbox"/> |
| MMIA               | <input type="checkbox"/> | Advisory Principal     | <input type="checkbox"/> | Advisory Income | <input type="checkbox"/> |
| JPM Funds          | <input type="checkbox"/> | Asset Allocation(PAAS) | <input type="checkbox"/> | Offshore Fund   | <input type="checkbox"/> |

Payment Information (Select One)

1.) Internal Transfer (Related, Non-Related)

Credit Account Number: [Redacted]

Account Title: [Redacted]

Principal\*\*       \*\*Check Sweep Deadline

Income

2.) Money Transfer

Wire       Book       FX

Payee Bank ABA: \_\_\_\_\_ Interbank ABA: \_\_\_\_\_

Payee Bank Name: \_\_\_\_\_ Interbank Name: \_\_\_\_\_

For Account Number: \_\_\_\_\_

For Account Name: \_\_\_\_\_

3.) Treasury's Check/FX Draft

Print Check In:  NY       DE

Payee Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_

For Account Of: \_\_\_\_\_

Reference/Advice Description/Comments:

< \$25K does not require a callback

> or = \$25K requires a callback

|   |   |
|---|---|
| Payment Instructions Originator           | Method of Communication (If Not Morgan Initiated) |
| Morgan Initiated <input type="checkbox"/> | Written Request <input type="checkbox"/>          |
| Client Initiated <input type="checkbox"/> | Fax Request <input type="checkbox"/>              |
|   | Telephone Request <input type="checkbox"/>        |
|   | Email Request** <input type="checkbox"/>          |
|   | **Callbacks <b>must</b> still be done             |

|                               |  |
|-------------------------------|--|
| Initiator's Name & Ext Stamp  | Initiator's Signature  |
| [Redacted]                    | [Redacted]   |
| Authorizer's Name & Ext Stamp | Authorizer's Signature   |
| [Redacted]                    | [Redacted]   |
| Client/Caller Name:           | _____  |
| Client Telephone:             | _____  |
| Call Back Name:               | _____  |
| Call Back Signature:          | _____ Ext: _____   |
| Call Back Date:               | _____ Time: _____  |
| CMS/Global Hold Approval:     | Obtained: <input type="checkbox"/> N/A: <input type="checkbox"/> |