

Sweep Deadline (circle one)

PB Funds Transfer Form/Input Guide

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

JPMorgan

Today's Date	8/5/2009	Time	4:28 PM	Execution Date	8/5/2009	Amount	\$62,000.00
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Debit Account Number:	[REDACTED]	Debit Account Title:	Financial Trust Company
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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"/>
MGA	<input type="checkbox"/>	Advisory Principal	<input type="checkbox"/>	Advisory Income	<input type="checkbox"/>
JPM Funds	<input checked="" 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:		Principal**	<input type="checkbox"/>	**Check Sweep Deadline
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Account Title:		Income	<input type="checkbox"/>
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2.) Money Transfer

Wire	<input checked="" type="checkbox"/>	Book	<input type="checkbox"/>	FX	<input type="checkbox"/>
Payee Bank ABA:	[REDACTED]	Interbank ABA:			
Payee Bank Name:	First Bank, Puerto Rico	Interbank Name:			
For Account Number:	[REDACTED]				
For Account Name:	Financial Trust Company, Inc				

3.) Treasurer's Check/EX Draft

Post Check In:	<input type="checkbox"/> NY	<input checked="" type="checkbox"/> DE
Payee Name:		
Payee Address:		
For Account Of:		

Reference/Advice Description/Comments:	< \$25K does not require a callback > or = \$25K requires a callback
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Payment Instructions Originator	Method of Communication (if Not Morgan Initiated)
Morgan Initiated <input type="checkbox"/>	Written Request <input checked="" type="checkbox"/>
Client Initiated <input type="checkbox"/>	Telephone Request <input type="checkbox"/>
	Fax Request <input type="checkbox"/>
	Email Request** <input type="checkbox"/>
	**Callbacks must still be done

Cory Johnson	
Initiator's Name & Ext Stamp	Initiator's Signature
Authorizer's Name & Ext Stamp	Authorizer's Signature
Client/Caller Name:	
Client Telephone:	
Call Back Name:	
Call Back Signature:	Ext: _____
Call Back Date:	Time: _____
CMG/Global Hold Approval: Obtained:	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
DDA Overdraft Approval: Obtained:	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>

ID: 036908052170347 DATE: 08/05/2009 08:30:00 PM DID: 8887316607 CSID: Page 1 of 2

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