

Q 30171005

Special Consideration Form JPMorgan Private Bank and Private Client Services

Instructions: For Consumer Card, fax completed form and application to 1-800-999-1166
For Business Card, fax completed form and application to 1-800-955-6050
For Consumer/Business Cards for all Latin American Clients, fax completed form and application to 1-212-464-2801

Section 1: Type Of Inquiry (check one from each section below):

<input type="checkbox"/> Domestic	<input type="checkbox"/> Consumer	<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Credit Limit Increase* (Account # 5562506633017624 *Personal Annual Income Required in Section 3 to Present Credit Limit Increase)
<input type="checkbox"/> International	<input type="checkbox"/> Business	<input type="checkbox"/> Reconsideration	Credit Limit Requested: \$ 20,000

Section 2: Banker Information: (complete all fields)

Today's Date: 2/10/2009

Requestor: Cory Johnson E-Mail Address: _____

Phone Number: _____ Fax Number: _____

Section 3: Applicant Information: (complete all relevant fields)

Name of Applicant/Authorizing Officer: Darren K. Indyka

Business Name: Financial Trust Company, Inc (Business Card ONLY)

Social Security Number or ITIN: _____ Tax Identification Number (TIN): _____ (Business Card ONLY)
(TIN For Non-Resident Alien)

USA Patriot Act (USAP) If no Social Security Number or ITIN, Chase Card Services is required to collect the following information:

- Identification Type (i.e. Passport, Alien Identification Card, or other approved Government issued Photo ID): _____
- Identification Number: _____
- Country Issued By: _____ - Issue Date: _____ - Expiration Date: _____

Applicant's/Company's physical address (if different on the application): _____

*Gross Annual Household Income: \$ _____ Business Income: \$ _____
*Although child support or separate maintenance income need not be reported if you do not wish it to be considered as a basis for meeting this obligation. (Business Card Only)

Net Worth (Excluding Primary Residence): \$ _____ Investable Assets: \$ 147,000,000

Section 4: Depository Relationship Information: (provide as much information as possible - use additional sheets if needed)

Account Number	Type	Balance	Open Date
See Attachment			

Other Information:

Note: If this is a re-evaluation of a previously declined application, please have the customer sign below indicating that he/she permits an adverse credit report to be obtained if more than 30 days but less than 60 days has elapsed since the original credit decision

Applicant/Authorizing officers signature: _____ Date: _____

NPKK

CAN

S/N# _____

ACCT # _____

Doc ID # _____

Effective Date _____