

Indemnification Agreement For Power of Attorney Registration

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J.P.Morgan
Asset Management

 Investor Services: 1-800-480-4111
 Internet: www.jpmmorganfunds.com

Please complete, sign and return this form to J.P. Morgan Funds, Box 8528, Boston, MA 02266-8528. Incomplete information may delay the processing of your application.

Shareholder's name	<input type="text"/>				
Street address	<input type="text"/>				
Suite/Apartment	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
				Zip code	<input type="text"/>
Account Registration	<input type="text"/>				
	<input type="text"/>				
Name of fund or trust(s)	<input type="text"/>				
Account number	<input type="text"/>	Daytime phone	<input type="text"/>		

I, of do hereby make,
constitute and appoint whose specimen signature is
and whose address is my true and lawful attorney or agent ("agent")

for me and in my name, place and stead: (1) to transmit to the transfer agent Boston Financial Data Services, Inc. ("Boston Financial") either orally or in writing in accordance with procedures established by either Boston Financial from time to time, instructions for the purchase, sale, exchange or transfer of shares with respect to any account(s) I may hold with the above named mutual fund(s), (2) to make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment of checks drawn on any of my accounts with said mutual funds, and (3) to enter into all other lawful transactions with respect to any of my said mutual fund account(s) including transfer into the name of said or direct remittance of the proceeds of sale to said agent.

I hereby agree to indemnify and hold Boston Financial and the above named mutual fund(s) harmless from acting upon instructions, either oral or in writing, believed to have originated from said agent and from any and all acts of said agent with respect to the shares held in my account(s) with any of these mutual funds.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to BFDS and delivered to its main office, such revocation shall not affect any liability in any way resulting from transactions initiated prior to Boston Financial's acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and Boston Financial and the above named mutual fund(s) shall not be responsible for any action taken on the basis of this authorization until Boston Financial has received written notice thereof addressed to Boston Financial and delivered to its main office.

The undersigned has read the foregoing in its entirety before signing. In witness whereof, I have hereunto set my hand and seal the day of

, 20 . X _____

Signature of shareholder/grantor of power

State of

Social Security Number

Country of

On this day of , 20 before me personally appeared,

to me personally known to be the individual described in and who executed the foregoing instrument, and acknowledged that he executed the same.

Notary public

INFORMATION FOR AND AFFIDAVIT OF ATTORNEY - IN - FACT

IMPORTANT NOTICE - The USA PATRIOT ACT

To help the government fight the funding of terrorism and money-laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or is granted authority to act on an account, beginning October 1, 2003.

What this means: As you are being named Attorney-in-Fact to act on the above-referenced account(s), we must ask for your name, address, date of birth, and other information that will allow us to identify you. This information will be verified to ensure your identity as required by USA Patriot Act. The bolded items below must be completed.

Affidavit of Attorney-in-Fact

Affidavit of Attorney-in-Fact

Residential address or APO/FBO

Social Security Number

*Date of Birth (MMDDYYYY)

State of

Country of

I, be duly sworn, deposed and says: that

as

principal, who resides at

did, on this

day of , 20 appoint me his true and lawful attorney by the foregoing instrument hereby

made a part hereof.

X _____

Signature of Attorney-in-Fact

Sworn to before me on this

day of

, 20

Notary public