

Entity Self-Certification Form

Purpose of this Self-Certification Form

Deutsche Bank AG and its affiliates (collectively, "Deutsche Bank") collect certain information, including tax related information, from their clients. Deutsche Bank collects this information to comply with certain local and international regulatory requirements that are designed, among other things, to foster and support a tax compliant environment. Although these requirements are not necessarily imposed by all countries, Deutsche Bank, as a global bank that strives to achieve consistency in its practices among all of its regions, nonetheless requires this information be provided by clients even if not required by regulation. Accordingly, Deutsche Bank Wealth Management Americas is writing to clients and sending you this Self-Certification to complete.

This form is to be used in any situation where the Account Holder is an entity, and not an individual. If in fact the Account Holder is an individual, the individual should complete and provide the Individual Self-Certification Form which you can obtain by contacting your Deutsche Bank Wealth Management Americas Relationship Manager.

Please note that a branch of an entity is treated as the entity for purposes of this Self-Certification and, therefore, the form should be completed with details for the branch, and not the details of its parent.

Please complete all sections below as directed and provide any additional information as may be required. For the purposes of this Self-Certification, "Account(s)" includes any accounts currently held with Deutsche Bank by the entity.

While Deutsche Bank Wealth Management does not provide tax advice, you may contact your Relationship Manager if you have questions concerning the Self-Certification process. If you have any questions about how to complete this form or about how to determine your tax residency status, please refer to the attached Guidance to the Entity Self-Certification Form, or contact your tax adviser or local tax authority.

Part 1: Entity Account Holder

The Haze Trust

Legal Name of Entity

US

Country of Incorporation or Organization

Part 2: Entity's Country of Tax Residence

Entity's Country (Countries) of Tax Residence

US Virgin Islands

If Entity Account Holder is tax resident only in the United States, please proceed directly to Appendix 2 (which must be completed by each non-US Beneficiary and each non-US Beneficial Owner). If Entity Account Holder is tax resident outside the United States, please proceed to Part 2 and complete Appendix 1 and Appendix 2.

Please insert the Legal Name of the Entity in Part 1 of Appendix 2.

Entity Self-Certification Form

Appendix 1: Controlling Persons

Appendix 1 must be completed for each Controlling Person of the entity, but only if the entity has a tax residence outside the United States. Please refer to the attached Guidance to the Entity Self-Certification Form which provides assistance for you to determine the Controlling Persons and how to complete this Appendix.

Please provide details of each Controlling Person below. Please continue on a separate sheet if necessary (and attach to this form).

Controlling Person	First Name	Jeffrey	Last Name	Epstein
	Date of Birth	[REDACTED]	Controlling Person Type/Role	Trustor/Trustee/Beneficiary
	Country/Countries of Tax Residence	US Virgin Islands		
	Is Controlling Person a non-US Beneficiary/non-US Beneficial Owner?	<input checked="" type="checkbox"/> Yes (complete Appendix 2)	<input type="checkbox"/> No	

Controlling Person	First Name	Darren	Last Name	Indyke
	Date of Birth	[REDACTED]	Controlling Person Type/Role	Trustee
	Country/Countries of Tax Residence	US		
	Is Controlling Person a non-US Beneficiary/non-US Beneficial Owner?	<input type="checkbox"/> Yes (complete Appendix 2)	<input checked="" type="checkbox"/> No	

Controlling Person	First Name		Last Name	
	Date of Birth		Controlling Person Type/Role	
	Country/Countries of Tax Residence			
	Is Controlling Person a non-US Beneficiary/non-US Beneficial Owner?	<input type="checkbox"/> Yes (complete Appendix 2)	<input type="checkbox"/> No	

Controlling Person	First Name		Last Name	
	Date of Birth		Controlling Person Type/Role	
	Country/Countries of Tax Residence			
	Is Controlling Person a non-US Beneficiary/non-US Beneficial Owner?	<input type="checkbox"/> Yes (complete Appendix 2)	<input type="checkbox"/> No	

Controlling Person	First Name		Last Name	
	Date of Birth		Controlling Person Type/Role	
	Country/Countries of Tax Residence			
	Is Controlling Person a non-US Beneficiary/non-US Beneficial Owner?	<input type="checkbox"/> Yes (complete Appendix 2)	<input type="checkbox"/> No	

Each Controlling Person who is also a non-US Beneficiary/non-US Beneficial Owner must complete and sign Appendix 2: Beneficiary/Beneficial Owner Self-Certification Form. A Controlling Person who is a Beneficial Owner with a tax residence solely in the United States is not required to complete and sign Appendix 2.

If Non-US Beneficiary/Non-US Beneficial Owner is an individual:

1. I hereby certify that for the purposes of taxation I am not a tax resident in any country other than the country/countries indicated above.
2. I confirm that my ownership or other interest in the Entity, if any, is appropriately disclosed in accordance with applicable laws and regulations in the countries in which I am tax resident and may be required to be reflected in my tax filings.
3. I confirm that all income or capital distributions received (or deemed to be received for tax purposes) by me from the Account(s) have been, and going forward will be, taken into account and included in my relevant tax filings if required by the laws of the country (countries) of my tax residence.

If Non-US Beneficiary/Non-US Beneficial Owner is an entity:

1. I hereby certify that for the purposes of taxation the non-US Beneficiary/non-US Beneficial Owner is not a tax resident in any country other than the country/countries indicated in this self-certification.
2. I confirm that my ownership or other interest in the Entity, if any, is appropriately disclosed in accordance with applicable laws and regulations in the countries in which I am tax resident and may be required to be reflected in my tax filings.
3. I confirm that all income or capital distributions received (or deemed to be received for tax purposes) by me from the Account(s) have been, and will be, taken into account and included in the relevant tax filings if required by the laws of the country (countries) of tax residence.

I agree that Deutsche Bank may disclose this Certification and any other information related to it or the Account(s) now or in the future held with Deutsche Bank, to any relevant tax or governmental authorities of the country in which the Account(s) is/are/will be maintained or of any country in which I may be liable to pay taxes. I release Deutsche Bank from any obligations of bank secrecy, confidentiality and/or data protection under any applicable laws which might otherwise preclude the disclosure of such information. I acknowledge that the data protection laws of such other countries may not afford the information the same protections which it receives in the country in which the Account(s) is/are/will be maintained.

I understand that this waiver will remain in force until cancelled and notwithstanding cancellation it cannot be terminated retroactively.

I declare that all statements made in this Self-Certification are, to the best of my knowledge and belief, correct and complete. I undertake to advise Deutsche Bank promptly of any change in circumstances of which I am aware of and that causes the information contained herein to become incorrect and to provide Deutsche Bank with a suitably updated Certification within 30 days of such change in circumstances.

Jeffrey Epstein

Print Name of Signor

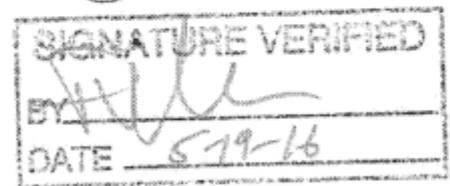
Signature

04-28-2016

Date (mm-dd-yyyy)

Capacity

Note: If signing on behalf of an entity, please indicate the capacity in which you are signing (for example Trustee, Corporate/Individual Director, etc.)



INTERNAL USE ONLY:	Account Number(s):



Client Risk Program – Affirmation and Escalation Guideline

Account Holder Name(s):

The Haze Trust

Account Number(s):



Ultimate Beneficial Owner(s) (UBO), if
different from Account Holder:

This document is designed to assist the Relationship Manager (RM)/Investment Advisor (IA) in reviewing the certifications provided by the Account Holder, any Controlling Persons and any Ultimate Beneficial Owners as part of the Client Risk Program.

This form should be completed by the RM / IA and submitted together with the Self-Certification as described in the 'CRP Certification Form Submission' document.

Before providing the Confirmation below, the following factors should be carefully considered:

1. Was any information in the Self-Certification provided by the Account Holder/UBO contradicted by, or inconsistent with, information previously provided by the Account Holder/UBO to the RM / IA?
2. Is the RM / IA aware of any recent change in personal circumstances (e.g. domicile, residence, nationality) of the Account Holder/UBO without supporting documentation to verify the change having been provided to DB?

If, after considering the factors above (or any other factors or information of which the RM / IA is aware), the RM / IA has reason to believe the Account Holder/UBO could be engaged in tax evasion, the RM / IA should not provide the confirmation below and should instead raise the matter with their supervisor.

Relationship Manager/Investment Advisor (RM / IA) Affirmation

I confirm that I am not aware of any information that would lead me to conclude that the information provided in the Self-Certification is incomplete or inaccurate. I understand and acknowledge that if I become aware of any tax compliance concerns as it relates to the accounts listed above, I will promptly escalate the matter to my supervisor.

Paul Morrow

Responsible RM / IA Name

5-19-16

Date

[Signature]

Signature

For internal use only

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