

NYG-023804

FOR INTERNAL OFFICE USE ONLY

Applicable Account No(s)

**AUTHORIZATION OF POWER OF ATTORNEY**

For Natural/Individual Persons For Brokerage Accounts and/or retirement accounts with DBSI

*This Authorization/Power of Attorney constitutes a non-durable limited power of attorney, designed to give a person or persons designated by you either (1) limited authority over your Account(s) or (2) full authority over your Account(s) as set forth below.*

NOTE: UNDER NEW YORK LAW, THE FOLLOWING DISCLOSURE IS REQUIRED TO BE INCLUDED, VERBATIM, IN EVERY POWER OF ATTORNEY.

CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As the "Principal," you give the person whom you choose (your "agent") authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority. When your agent exercises this authority, he or she must act according to any instructions you have provided or, when there are no specific instructions, in your best interest. "Important Information for the Agent" at the end of this document describes your agent's responsibilities. Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney by executing this Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to the financial institutions where your accounts are located. You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly. Your agent cannot make health care decisions for you. You may execute a "Health Care Proxy" to do this. The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, [www.senate.state.ny.us](http://www.senate.state.ny.us) or [www.assembly.state.ny.us](http://www.assembly.state.ny.us).

If there is anything in this document that you do not understand, you should consult with your lawyer.

**AUTHORITY**

The undersigned Principal (the "Undersigned" or "Principal") hereby appoints:

Harry Beller or Terrie Brennan as the Undersigned's agent(s) and attorney(s) in-fact ("Agent(s)") to act INDIVIDUALLY with respect to any and all accounts, if applicable (see below) in the Undersigned's name ("Account(s)"), held individually or jointly (provided that all joint account holders have executed this form) with DBSI, as well as individual retirement accounts held for the benefit of the Undersigned ("IRAs"), with the authority to direct DBSI to buy, sell (including short sales) and otherwise transact in any security, including but not limited to stocks, bonds, mutual fund shares, limited partnership interests, call and put options (covered and uncovered), on margin or otherwise, and any instrument, agreement or contract relating to same, on margin or otherwise, or enter into futures, options on futures and forward contracts, interest rate, currency, equity or commodity swap transactions, deposit accounts at financial institutions and direct or indirect interests in securities, deposit instruments or contracts where all or part of the return is calculated by reference to changes in, among other things, the value of securities, commodities, currencies, interest rates, property of any description or indices, in each case in accordance with DBSI's terms and conditions for the Undersigned's account, account type, and risk and in the Undersigned's names, or number(s) on DBSI's books. Agent(s) must exercise the authority granted herein pursuant to the Undersigned's instructions, or otherwise for purposes which the Agent(s) reasonably deems to be in the Undersigned's best interest. By giving this authority, the Undersigned authorizes Agent(s) to make inquiries on the Account(s), including requesting information about account transactions, balances and holdings.

Original Signatures  
m [Redacted]

[Handwritten initials]



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The Undersigned by signing below confirms that he/she has read the contents of this Power of Attorney and understands same, and has executed this Power of Attorney of his/her own free will and has received advice about the effect of this Power of Attorney from his/her advisers as he/she has deemed necessary or advisable.

In witness whereof, the Undersigned has executed this Authorization/Power of Attorney.

Date: 10/9/13 Signature: \_\_\_\_\_  
Print Name: Jaffrey Epstein  
(the "Undersigned")

TO BE EFFECTIVE FOR JOINT ACCOUNT(S), ALL ACCOUNT HOLDERS MUST SIGN:

In witness whereof, the Undersigned has executed this Authorization/Power of Attorney.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
(the "Undersigned")

This section intentionally left blank.

BY SIGNING BELOW CLIENT ACKNOWLEDGES THAT: (1) CLIENT HAS RECEIVED, READ AND AGREES TO THE TERMS AND CONDITIONS OF THIS ACCOUNT AGREEMENT, INCLUDING THE APPENDIX WHICH CONTAINS IMPORTANT INFORMATION; AND (2) THE INFORMATION CONTAINED IN THIS ACCOUNT APPLICATION IS ACCURATE.

CLIENT ACKNOWLEDGES THAT THIS ACCOUNT AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE AT SECTION III, PAGE 5, AND CLIENT AGREES TO ITS TERMS (ALL ACCOUNT AGREEMENT SIGNATORIES MUST INITIAL).

INITIAL HERE: JE

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE CLIENT'S CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING, AND, IF APPLICABLE, THE CERTIFICATION REQUIRED TO ESTABLISH CLIENT'S STATUS AS A NON-U.S. PERSON AND OBTAIN A REDUCED RATE OF WITHHOLDING.

Important information for ERISA employee benefit plan clients: U.S. Department of Labor regulations require DBSI to disclose to a responsible plan fiduciary certain information in connection with the services that DBSI provides to a plan, to assist the fiduciary in evaluating the reasonableness of DBSI's services and related compensation. The disclosure is available online, at [http://www.pwm.db.com/americas/en/erisa\\_disclosure\\_pcs.html](http://www.pwm.db.com/americas/en/erisa_disclosure_pcs.html). By signing below, you acknowledge that you are a fiduciary responsible for the procurement of DBSI's services to the plan, you have read the disclosure and you understand the disclosure.

Individual or joint account (IF THIS IS A JOINT ACCOUNT, ALL ACCOUNT OWNERS MUST SIGN):

**CONFIRMATION OF TAX AND COMPLIANCE RESPONSIBILITIES**

Client acknowledges having sole responsibility to fulfill any tax obligations and any other regulatory reporting duties applicable in any relevant jurisdictions that may arise in connection with assets, income or transactions in Client's account(s) and business relationship with DBSI.

CHECK A BOX BELOW ONLY IF CLIENTS DO NOT WANT JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP OR TENANTS BY THE ENTIRETIES. CLIENTS SPECIFY INSTEAD:

- Tenants in common; or
- Community Property (for married couples in certain states; each spouse retains 50% interest in the community property upon death of the first spouse).

Signature [Signature] Date 7-24-13

Print Name Jeffrey Epstein SSN/EIN \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Corporation, partnership, trust or other entity:

**CONFIRMATION OF TAX AND COMPLIANCE RESPONSIBILITIES**

Client acknowledges having sole responsibility to fulfill any tax obligations and any other regulatory reporting duties applicable to in any relevant jurisdictions that may arise in connection with assets, income or transactions in Client's account(s) and business relationship with DBSI. Furthermore, Client confirms that the necessary information (to the best of Client's knowledge and capabilities) is made available no less than annually to the relevant beneficial owner(s), settlor(s), beneficiary(ies), partner(s), etc. to enable such person(s) to fulfill any respective tax obligations that may arise for such person(s) in connection with Client's business relationship with DBSI.

Name of Entity Southern Financial LLC Employer ID No. 66-0799192

Signature of Officer, Partner, Trustee, Authorized Party [Signature] Date 7-24-13

Print Name/Title Jeffrey Epstein

Signature of Officer, Partner, Trustee, Authorized Party \_\_\_\_\_ Date \_\_\_\_\_

Print Name/Title \_\_\_\_\_

Signature of Officer, Partner, Trustee, Authorized Party \_\_\_\_\_ Date \_\_\_\_\_

Print Name/Title \_\_\_\_\_

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