

Deutsche Bank
Private Wealth Management



Corporate Account Authorization and Terms and Conditions Officer's Certificate

ACCOUNT NUMBER: NYG024950

By: Daron Indyke Vice President

of J. Epstein Virgin Islands Foundation, Inc a Corporation

RESOLVED that any powers delegated by the Board of Directors of the Corporation on the 13th day

of September 2013

RESOLVED that any powers delegated by the _____ of the Corporation are authorized on behalf of the Corporation to:

- (A) Open and maintain one or more brokerage accounts for and in the name of the Corporation at Deutsche Bank Securities Inc. (referred to herein as "DBSI") (including any successor thereof);
- (B) Deposit, deliver, assign, withdraw and transfer funds, instruments and securities of any type;
- (C) Sell any securities owned by the Corporation;
- (D) Buy any securities in a cash account; and
- (E) Buy, sell and sell securities (including but not call options) short in a margin account; and (DELETE (E) IF INAPPLICABLE)
- (F) Execute all documents, and exercise and direct the exercise of all duties, rights, and powers, and take all actions necessary or appropriate to perform the powers enumerated above.

FURTHER RESOLVED that the President of the Corporation is authorized in writing by the Board of Directors of the Corporation to perform the powers enumerated above. DBSI may rely upon any such certificate of authority furnished by the Corporation until written notification of any change in authority shall have been received by DBSI. Any past action in accordance with this resolution is hereby ratified and confirmed. The powers enumerated above pertain to securities of any type now or hereafter held by the Corporation in its own right or in any fiduciary capacity. Powers previously certified by the Corporation shall not be affected by the dispatch or receipt of any other form of notice nor any change in the position with the Corporation held by any person so empowered. Any officer of the Corporation is hereby authorized to certify these resolutions to whom it may concern.

(2) Each of the following are authorized to perform the powers enumerated in the foregoing resolutions and by signing his or her name in this section 2 agrees on behalf of the Corporation to the Terms and Conditions attached hereto:
(List name and corporate position)

<u>Jeffrey Epstein</u> Name	<u>President</u> Position	_____ Name	_____ Position
_____ Signature	_____ Signature	_____ Signature	_____ Signature

Deutsche Bank Securities Inc., a subsidiary of Deutsche Bank AG, conducts investment banking and securities activities in the United States.



DB-PWM-0108 Corp Acct-Auth & T&C (02/12) CORP
006428-02212

SDNY_GM_00064271

CONFIDENTIAL

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DB-SDNY-0027096
EFTA_00174777

EFTA01298886

- (2) The corporation is duly organized and existing under the laws of the State of US Virgin Islands and has the power to take the actions herein provided by these resolutions.
- (4) No action has been taken to rescind or amend said resolutions, and they are now in full force and effect.
- (5) No one other than the Corporation shall have any interest in any account opened and maintained in the name of the Corporation.
- (5) THE TERMS AND CONDITIONS ON THE NEXT TWO PAGES CONTAIN A PRE-DISPUTE ARBITRATION CLAUSE AT PARAGRAPH 11.

IN WITNESS WHEREOF, I have hereunto affixed my hand and the seal of the Corporation this 13 day of September, 2013.

SEAL

Darren K. O'Connell
Signature of Certifying Officer

Darren J. O'Connell
Name of Certifying Officer

Vice President
Corporate Title of Certifying Officer

Provide a second certified or notarial signature that certifies a true and correct copy of the information in section 2.

Signature of Second Certifying Officer

Name of Second Certifying Officer

Corporate Title of Second Certifying Officer

IF THE CLIENT IS INCORPORATED OUTSIDE THE UNITED STATES, THE CLIENT MUST COMPLETE AND RETURN A FORM W-9 ALONG WITH THIS OFFICER'S CERTIFICATE.

DB-PVIM-0186 Corp Acct Auth & T&C (02/13) CORP
006420-022212

SDNY_GM_00064272

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DB-SDNY-0027097

EFTA_00174778

EFTA01298887



PCS High Risk Media Communication Sheet

This form must be completed by the Employee speaking to Client*. LOA must be attached with other supporting documents.

Type of Account Change
 Address of Record Change Telephone Number Change E-mail Change

Type of Asset Movement (Select One):
 WIRE NON-USD WIRE ACH CHECK JOURNAL DTC/EUROCLEAR
 REG E Wire Yes No (If yes, complete and attach additional documentation required.)

Standing Instructions (Select One):
 Initial Setup Pre-Established

Account Number(s): N49-024950

Verification of Contact with Client
 By signing below, I am certifying the following:

Method of Callback (Select One):
 Callback not required (for pre-established standing instructions or same name internal asset transfers)
 I verbally confirmed (via inbound or outbound call for asset movement < \$50,000 – or pre-established standing instructions)
 I performed Callback (for account changes, ALL international/non-USD/FX requests, initial standing instructions or asset movements ≥ \$50,000)

Callback must be performed by a person not on the Client's sales team when value of asset movement exceeds \$1,000,000.

Verification/Authentication:
 I recognized the Client's voice based on prior conversations
 I confirmed accurate responses to three authentication questions

I also confirm:
 - Signer(s) is/are authorized to act on account
 - Indemnification language is on file
 - I have completed signature verification
 - I have reviewed this transaction for consistency with Client's historical/expected account activity

Additional information, if needed: Daren is full power of attorney

Name of the person(s) spoken with: Daren Prodyke

Signature of Employee Completing Authentication: [Signature]

Telephone number used for the call back: N/A

Print name: Vake Stepanian

Date & time of call back or inbound call: 4/15/14

Date: 4/15/14

Branch Management Approval
 By signing below, I am certifying the following:
 I have reviewed this Communication Sheet and confirm that it has been fully completed in accordance with the HRM Policy.

I also confirm:
 - Signer(s) is/are authorized to act on account
 - Indemnification language is on file
 - I have completed signature verification

Signature: _____ Print name: _____ Date: _____

BSO Approval if Necessary (Select One and Attach E-mail Approval)
 Asset movement > \$10 million (BSO or head of Middle Office or delegated officers)
 Any exception to HRM Policy
 Change of Country of Domicile (for address or phone number change)

*The term "Client" refers to the account holder or any individual who has been authorized by Client to transfer assets or provide change of contact information.

Please refer to the High Risk Media Policy-WM, US-PCS for more information:
https://dbpolicyportal.intranet.db.com/gpag/pdf/0901e5be802f12d6?filename_is_null.pdf SDNY_GM_00064779

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