

4. The undersigned will provide DBSI with any requested documents relating to the Trust.
5. The undersigned will notify DBSI promptly in writing of any events or amendments to the Trust instrument which alter or in any way affect the accuracy or truth of the representations set forth in this Authorization. DBSI may rely upon this Authorization as continuing in full effect unless and until it receives written notice from the undersigned of any changes.
6. By signing this authorization, each of the undersigned acknowledges that he/she/they are not delegating his/her/their fiduciary responsibilities.
7. The undersigned jointly and severally agree to indemnify and hold harmless DBSI, its employees and agents, from and against any and all liabilities, judgments, claims, settlements, losses, damages, obligations and expenses, including reasonable fees of counsel, arising from or related to any representations in this agreement or any acts or omissions concerning the Trust by any of the Trustees. The undersigned further acknowledge and agree that this authorization and indemnity is a continuing one and shall remain in full force and effect until DBSI receives (a) written notice of revocation signed by the Trustees, or (b) written notice that the Trustees have ceased to serve as Trustees. Such written notice shall not affect any liability in any way resulting from transactions initiated before DBSI's receipt of such written notice. This authorization and indemnity shall inure to the benefit of DBSI and its successor or assigns. DBSI reserves the right to require a new Trust Authorization in the event that one or more Trustees resign or otherwise cease to serve as Trustee or if additional Trustees are subsequently appointed.

All Trustees/Authorized Signors must sign:

Signature \_\_\_\_\_  
**Harry I Beller**  
 Print Name \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_  
**Erika A Kellerhals**  
 Print Name \_\_\_\_\_  
**9100 Port of Sale Mall, Ste 15**  
 Address \_\_\_\_\_  
**St. Thomas, US Virgin Islands 00802**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

Signature \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date