

The Undersigned understands and agrees that DBSI has the right to require additional verification and documentation from the Undersigned or the Undersigned's Agent(s) in certain transactions that DBSI, in its sole discretion, deems necessary. In addition, DBSI has the right to request that either a new Authorization/Power of Attorney be executed or that the Agent(s) verify in writing the validity of the current Authorization/Power of Attorney.

Agent Name:	<u>Jeanne Brennan</u>
Address:	<u>6100 RED Hook Quarter B3</u> <u>ST Thomas, USVI 00802</u>
TIN of Agent:	<u>15046-4746</u>
Relationship to Principal:	<u>Employee</u>

Agent Name:	_____
Address:	_____
TIN of Agent:	_____
Relationship to Principal:	_____

THIS DOCUMENT DOES NOT REVOKE ANY OTHER POWERS OF ATTORNEY THAT THE UNDERSIGNED HAS PREVIOUSLY EXECUTED, UNLESS THE UNDERSIGNED HAS SPECIFIED OTHERWISE ON THE LINES BELOW.

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#### INDEMNIFICATION

The Undersigned acknowledges and agrees that the Undersigned is responsible for all acts of the Agent(s). The Undersigned hereby agrees, individually and on behalf of his/her heirs, executors, legal representatives, and assigns to indemnify and hold harmless DBSI and its parents, affiliates, subsidiaries, officers, employees, and agents (collectively, "DB") from all claims that may arise in connection herewith, and to pay DB promptly, on demand, any and all losses and liabilities arising therefrom or from any action taken or not taken by DB in reliance hereon, including without limitation, any debit balance due with respect to the Account(s). The Undersigned further hereby ratifies and confirms any and all transactions (including any payments or transfers) made by the Undersigned's Agent(s) in connection with the Account(s) prior or subsequent to the execution of this document and holds harmless DB regarding same.

This Authorization/Power of Attorney shall inure to the benefit of DB and its successors and assigns irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever.

The Undersigned understands and agrees that the DBSI may require joint account holder(s) to sign all requests for withdrawals from an account jointly with the Agent(s).