

One sheet must be established for EACH INDIVIDUAL PARTY in Section 2. Account Ownership Summary

| 3A. Individual Details (for all parties) | | | | |
|--|---|--|---|---------------------------|
| Individual's Name: | Erika Kellerhals - 00000499664 | Date of Birth: | 10/13/1974 | |
| Country of Residence: | USA | Country of Citizenship: | USA | |
| Address of primary residence: | 9100 Port of Sale Mall, Ste 15 St. Thomas 00802 | Has client resided outside of his/her country of nationality for 5 years or more? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Profession/Occupation: | Attorney | Tax ID / SSN: | 074-72-9603 | |
| Current Employer: | Kellerhals Ferguson Kroblin PLLC | Position/Title/Rank: | | |
| Address of employer: | 9100 Port of Sale Mall, Ste 15 St. Thomas 00802 | | | |
| Does the person work as senior executive of a DB-recognized regulated entity in the financial industry? or an entity listed on a DB-recognized exchange? (Not applicable for operating entities) | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Is the individual a Politically Exposed Person (PEP)?(if Yes, describe) | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| To the best of your knowledge, is the individual related to an employee of the DB group?(if Family or Friendship, describe) | | <input type="checkbox"/> Family <input type="checkbox"/> Friendship <input checked="" type="checkbox"/> None | | |
| To the best of your knowledge, is the individual party to a non-banking relationship with Deutsche Bank (e.g., external legal counsel, client referral source, supplier of goods or services)?(if Yes,describe) | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| If applicable, indicate which bank officers have met the person: | | Indicate where and when the client meeting(s) took place: | | |
| Bank Officer Name(s) | Bank Office: | Client Private Domicile: | Client Place of Business: | Other Location (specify): |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| <input type="checkbox"/> Wealth Details for this individual are not filled in, because they are the same as for the following person: | | | | |
|--|--|---|--|------------------------|
| 3B. Wealth Details (Only for parties requiring source of wealth description as indicated in Section 2) | | | | |
| Nature of the Individual's Business: | | | | |
| Primary Country of source of wealth/source of Funds? | | | | |
| Primary industry of source of Wealth/Source of Funds? | | | | |
| Summarize Source of Wealth: | | <input type="checkbox"/> Business Owner <input type="checkbox"/> Salary/Earnings <input type="checkbox"/> Investment <input type="checkbox"/> Inheritance/Gifts <input type="checkbox"/> Other: | | |
| Further Describe Source of Wealth /Detail the history of wealth for each of the sources: (e.g. For trusts, how did settlor accumulate wealth? For inheritance, how did family accumulate wealth?For business owners, how long in business, how many employees, level of profitability? Indicate type of business, countries of major activities, important business partners.) | | | | |
| Estimated Annual Income(\$): | | Estimated amount of investable assets(\$): | | |
| Estimated Net Worth(\$): | | Amount of assets planned to invest with PWM(\$): | | |
| Other Known Financial Institutions: | | | | |
| Institution: | | Country: | | Est. Assets Under Mgt: |
| Institution: | | Country: | | Est. Assets Under Mgt: |
| Institution: | | Country: | | Est. Assets Under Mgt: |