

Deutsche Bank  
Wealth Management



Signature Card  
Deutsche Bank Trust Company Americas

Account Holder Title			Account Number	
<input type="checkbox"/> Individual	<input type="checkbox"/> ITF/POD/ATF*	<input type="checkbox"/> Corporate	<input type="checkbox"/> Limited Liability Corporation	Number of Signatures Required: _____
<input type="checkbox"/> Joint, with Rights of Survivorship	<input type="checkbox"/> Joint, Tenants in Common	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other: _____	
Signature _____			Print Name _____	
Signature _____			Print Name _____	
Signature _____			Print Name _____	
Signature _____			Print Name _____	
Approved _____			Date _____	
Power of Attorney _____				
Specimen Signature _____			Date of Power of Attorney _____	

\* For ITF/POD/ATF See Supplemental Terms and Conditions



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CONFIDENTIAL - PURSUANT TO FED. R. CRIM. P. 6(e)  
CONFIDENTIAL

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