

Private Wealth Management
Deutsche Bank
Durable General Power of Attorney
New York Statutory Short Form

The powers you grant below continue to be effective should you become disabled or incompetent:

CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document.

As the "principal," you give the person who you choose (your "agent") authority to spend your money and sell or dispose of your property during your lifetime without telling you.

You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. "IMPORTANT INFORMATION FOR THE AGENT" at the end of this document describes your agent's responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney by executing this Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to the financial institution where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly. Your agent cannot make health care decisions for you. You may execute a "Health Care Proxy" to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, wvm.senate.state.ny.us or wvi/w.assembly.state.ny.us.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

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DESIGNATION OF AGENT(S):

Jeffrey Epstein. 6100 Red Hook Quarter B3. St. Thomas. USVI 00802

I,
(insert your name and address)

Darren Indvke. [REDACTED]
(Insert name(s) and address(es) of agent(s))

If you designate more than one agent above, they must act TOGETHER unless you INITIAL the statement below.

My agents may act SEPARATELY.

DESIGNATION OF SUCCESSOR AGENT(S): (OPTIONAL)

If every agent designated above is unable or unwilling to serve, I appoint as my successor agent(s):

(insert name(s) and address(es) of successor agent(s))

Successor agents designated above must act TOGETHER unless you INITIAL the statement below.

My successor agents may act SEPARATELY.

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This POWER OR ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under "MODIFICATIONS."

This POWER OF ATTORNEY REVOKES any and all prior Powers of Attorney executed by me unless I have stated otherwise below, under "MODIFICATIONS."

If you are NOT revoking your prior Powers of Attorney, and if you are granting the same authority in two or more Powers of Attorney, you must also indicate under "MODIFICATIONS" whether the agents given these powers are to act together or separately.

GRANT OF AUTHORITY:

(DIRECTIONS: To grant your agent some or all of the authority below, either (1) INITIAL the line to the left of each authority you grant, or (2) write or type the letters for each authority you grant on the blank line at (P), and INITIAL the line to the left of each authority you grant at (P). If you INITIAL (P), AND enter the desired letters from (A) through (O) you do not need to INITIAL the other lines.)

I grant authority to my agent(s) with respect to the following subjects as defined in sections 5-1502A through 5-1502N of the New York General Obligations Law:

- (A) real estate transactions;
 - (B) chattel and goods transactions;
 - (C) bond, share, and commodity transactions
 - (D) banking transactions
 - (E) business operating transactions;
 - (F) insurance transactions;
 - (G) estate transactions;
 - (H) claims and litigation;
 - (I) personal and family maintenance;
 - (J) benefits from governmental programs or civil or military service;
 - (K) health care billing and payment matters; records, reports, and statements;
 - (L) retirement benefit transactions;
 - (M) tax matters;
 - (N) all other matters;
 - (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;
- 'P' EACH of the matters identified by the following letters:

^-(Yduri eed not INmAL the other lines if you initial line (P) AND enter the desired letters from (A) through (O)).

MODIFICATIONS:

The following modifications supplement the authority I have granted to my agent(s):

Grant of Authority:

1. Letter (C), "bond, share, and commodity transactions," under "GRANT OF AUTHORITY" shall be supplemented to

include the following authority:

- (i) opening and closing brokerage accounts in my name; and
 - (ii) providing trading Instructions with respect to ail assets in the brokerage accounts; and
 - (lii) withdrawing assets from, or depositing assets into, brokerage accounts.
- 2.

Letter (D), "banking transactions," under "GRANT OF AUTHORITY" shall be supplemented to include the following authority:

- (i) borrowing money on such terms and with such security as my attorney-in-fact may decide in his/her sole discretion and executing all promissory notes, security agreements, mortgages, and other instruments relating thereto; and
- (ii) accessing safe deposit boxes or other places of safekeeping standing in my name alone or jointly with another and removing the contents and making additions thereto; and
- (iii) opening and closing checking, savings, money market, and certificate of deposit accounts in my name and withdrawing funds from the foregoing or adding funds to the foregoing

Revocation:

1.
Although this document revokes all powers of attorney I have previously executed, this document shall not revoke any powers of attorney previously executed by me for a specific or limited purpose, unless I have specified otherwise herein. It shall not revoke any power executed as part of a contract I signed or for the management of any bank or securities account. In order to revoke a prior power of attorney for a specific or limited purpose, I will execute a revocation specifically referring to the power to be revoked.

2.
This power of attorney shall not be revoked by any subsequent power of attorney I may execute, unless such subsequent power specifically provides that it revokes this power by referring to the date of my execution of this document.

3.
Whenever two or more powers of attorney are valid at the same time, the agents appointed on each shall act separately, unless specified differently in the documents.
Additional Modifications: (OPTIONAL)
In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent.

However, you cannot use this MODIFICATIONS section to grant your agent authority to make major gifts or changes to interests in your property. If you wish to grant your agent such authority, you MUST complete the Statutory Major Gifts Rider.

:MAJOR GIFTS AND OTHER TRANSFERS: STATUTORY MAJOR GIFTS RIDER (OPTIONAL)
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In order to authorize your agent to make major gifts and other transfers of your property, you must INITIAL the statement below AND execute a Statutory Major Gifts Rider at the same time as this instrument. Initialing the statement below by itself does not authorize your agent to make major gifts and other transfers. The preparation of the Statutory Major Gifts Rider should be supervised by a lawyer.

(SMGR) I grant my agent authority to make major gifts and other transfers of my property, in accordance with the terms and conditions of the Statutory Major Gifts Rider that supplements this Power of Attorney.

DESIGNATION OF MONITOR(S): (OPTIONAL)

I designate the following as monitor(s):

(Insert name and address)

(Insert name and address)

Upon the request of the monitor(s), my agent(s) must provide the monitor(s) with a copy of the power of attorney and a record of all transactions done or made on my behalf. Third parties holding records of such transactions shall provide the

records to the monitor(s) upon request.

COMPENSATION OF AGENT(S): (OPTIONAL)

Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. If you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, INITIAL the statement below. If you wish to define "reasonable compensation," you may do so above, under "MODIFICATIONS." My agent(s) shall be entitled to reasonable compensation for services rendered.

ACCEPTANCE BY THIRD PARTIES:

I agree to indemnify any third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether the result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

TERMINATION:

This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

SIGNATURE AND ACKNOWLEDGEMENT:

In Witness Whereof I have hereunto signed my name on the \ S davof-YVta^t-^ ,20l* f

(YOU SIGN HERE)

ACKNOWLEDGEMENT IN NEW YORK STATE

STATE OF NEW YORK

COUNTY OF

Oh the day of/^in the year3^qbefore me, the undersigned, personally

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personally known to me or proved to me on the basis of satisfaaoy evidence to be the individual whose nanne is subscribed

to the within instrument and acknowledged to me that he/shef executed the same in his/her capacity, and that by his/her

signature Sti the instrument, tj>^ individual, or the person upon behalf of which the individual acted, executed the

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ACKNOWLEDGEMENT OUTSIDE NEW YORK STATE

STATE OF

COUNTY OF

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LESLEY K GROFF

Notary Public - State ol New York

NO. 01GR628S700

Qualified in New York County

My Conintlsslpn Expire^Ju^S. 2017

On thei^davof'"Tin the vear , before me, the undersigned, personally appeared , personally

known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument, and that such individual made such appearance before the undersigned in I-.

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LESLEY K GROFF
Notary Public - State of New York
NO. 016R6285700
Qualified in New Ybrk County
My Commission Expires Jul 8. 2017

IMPORTANT INFORMATION FOR THE AGENT:

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

(1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;

(2) avoid conflicts that would impair your ability to act in the principal's best interest.

(3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;

(4) keep a record of all receipts, payments, and transactions conducted for the principal; and

(5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manner:

(Principal's Name) by

Agent or (Your Signature) as Agent for (Principal's Name).

(Your Signature) as

You may not use the principal's assets to benefit yourself or give major gifts to yourself or anyone else unless the principal has specifically granted you that authority in this Power of Attorney or in a Statutory Major Gifts Rider attached to this Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest. You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of Agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title

15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.

AGENT'S SIGNATURE AND ACKNOWLEDGEMENT OF APPOINTMENT:

It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

I/we, Darren Indyke, [REDACTED]

(Insert name(s) and addresses of agent(s))

(Insert name(s) and addresses of agent(s))

have read the foregoing Power of Attorney.

I am/we are the person(s) identified therein as agent(s) for the principal named therein,

I/we acknowledge my/our legal responsibilities.

Agent(s) sign(s) here:

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Signatur ^ J^0SAJLU^V ^ f.d^M ^

Name: Darren Indyke

ACKNOWLEDGEMENT IN NEW YORK STATE

STATE OF NEW YORK

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COUNTY OF <0

On the (« day of

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, in the year I

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before me, the undersigned, personally appeared]:* (/'•C^A iwc5-

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known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed

to the within instrument and acknowledged to me that he/she/they executed the same in hls,'her/their capacity(ies), and

that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s)

acted, executed the instrument.

YOLANDA RICHARDSON

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SigQaJture and office of the individualtaking acknowledgement)

Notary Public. State of New York

• " No. OIR1605307I

Qualified in Queens County

Commission Expires January 2, 20|1^

Signature:

Name:

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IMPORTANT INFORMATION FOR THE AGENT:

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (1) act according to any instructions from the principal, or, where there are no instructions; in the principal's best interest;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest.
- (3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
- (4) keep a record of all receipts, payments, and transactions conducted for the principal; and
- (5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manner:

(Principal's Name) by
Agent or (Your Signature) as Agent for (Principal's Name).
(Your Signature) as

You may not use the principal's assets to benefit yourself or give major gifts to yourself or anyone else unless the principal has specifically granted you that authority in this Power of Attorney or in a Statutory Major Gifts Rider attached to this Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest. You may resign by giving written notice to the principal and to any co-agent, successor agent, rhonitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of Agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attomey, you may be liable under the law for your violation.

AGENT'S SIGNATURE AND ACKNOWLEDGEMENT OF APPOINTMENT

It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

I/we, Jeffrey Epstein, 6100 Red Hook Quarter B3, St. Thomas, USVI, 00802

(Insert name(s) and addresses of agent(s))

Darren Indyke, [REDACTED]

(Insert name(s) and addresses of agent(s))

have read the foregoing Power of Attorney.

I am/we are the person(s) identified therein as agent(s) for the principal named therein,

I/we acknowledge my/our legal responsibilities.

Agent(s) sign(s) here:

Signature: ^^^ ^

Name: Darren Indyke

ACKNOWLEDGEMENT IN NEW YORK STATE

STATE OF NEW YORK

COUNTY OF

)ss.:

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On the VS day of f%*tl>jn the yearbefor e me, the undersignfidjieiSDnally appeared'feoaH«l!Hjl*(i^a3ersonaliy known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/he&their signature(s) onjthe instrument, the individuai(s), or the person upon behalf of which the ihdividual(s) acted, executea the instrument.

Signature:

Name:

LESLEY K GROFF

Notary Public - State of New York

NO. 01GR6285700

My Commission Expires Jui 8. 2017

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Qualified In New York County

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ACKNOWLEDGEMENT OUTSIDE NEW YORK STATE

STATE OF

COUNTY OF

)ss.:

On the

day of MA>^(3fe4

in the year J^X0 . before me, the undersigned, personally appeared , personally known to me or proved to me on the basis of satisfactory evidence to be the

individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individuai(s), or the person upon jjehalf of which the individual(s) acted, executed the instrument, and that such individual(s) made such appearance iiefore the undersigned in

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LESLEY K GROFF
Notary Public - State of New York
NO. 01GR6285700
Qualilied in New York County
My Commission Expires Jui 8, 2017
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Affidavit that Power of Attorney is in Full Force

(Sign before a notary public)

being duly sworn, deposes and says:

1. The Principal of the attached Power of Attorney, dated 1>W»«^ ^oHjthe "Power of Attorney"), did, in writing, appoint me as the Principal's true and lawful ATTORNEY(S)-IN-FACT in said Power of Attorney.

2.

3.

I do not have any actual knowledge or actual notice of the termination or revocation of the Power of Attorney, or notice of any facts indicating that the Power of Attorney has been terminated or revoked.

I do not have any actual knowledge or actual notice that the Power of Attorney has been modified in any way that would affect my ability to authorize or engage in the transaction, or knowledge or notice of any fact indicating that the Power of Attorney has been so modified.

4.

5.

If I was named as the successor agent, the prior agent is no longer able or willing to serve.

I make this affidavit for the purpose of inducing

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(Insert Deutsche Bank entity)

to accept delivery of the following Instrument(s), as executed by me in my capacity as the ATTORNEY(S)-IN-FACT, with full knowledge that this affidavit will be relied upon in accepting the execution and delivery of the Instruririent (s) and in paying good and valuable consideration therefore.

I hereby certify under penalty of perjury that the foregoing is true and correct.

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Name: Darren Indyk e

Signature:

. Name:

STATE OF l\S0_ ^<oj&< .

COUNTY OF

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Subscribed and sworn to before me this-A3 day of Y^<><'ftii>% , 20 t ^

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LESLEY K GROFF

Notary Public - State of New York

NO. 01GR6285700

Qualified in New York County

My Commission Expires Jul 8.2017

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