

General Notes

Ensure photo ID is clear and legible

Ensure documentation is in date (photo ID is valid, proof of address within 6 months)

Ensure name on documentation matches investor name exactly

Ensure signature list is in the name of the Client

If not appropriate backup should be received

e.g. Trust deed if trustee signing on behalf of a pension scheme

Power of attorney signed by investor authorising another entity to sign on their behalf

Administraton agreement if administrator signing on behalf of a fund

If AML documentatuin is received in one large file - note the relevant pages on the checklist

Schedule 3 Countries

Argentina, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Bermuda, Brazil, British Virgin Islands, Canada, Cyprus, Denmark, Finland, France, Germany, Gibraltar, Greece, Guernsey, Hong Kong, Iceland, India, Ireland, Isle of Man, Israel, Italy, Japan, Jersey, Liechtenstein, Luxembourg, Malta, The Netherlands, New Zealand, Norway, People's Republic of China, Portugal, Singapore, Spain, Sweden, Switzerland, United Arab Emirates, United Kingdom and United States of America.

Certified Copies

All certified copies should be certified by a chartered and certified public accountant, notaries public, solicitor, embassy and consular staff or a representative of your bank, registered broker-dealer or other regulated financial institution. Each document should be marked with the words 'original seen' or 'true' copy of original documents'. The document should be signed by the individual certifying the document and noting their capacity and licence number (if applicable).

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Private Company

PRIVATE COMPANIES (EXCLUDING LIMITED LIABILITY COMPANIES)

Account Holder Name & GCIS#

Scanned Copy of a certificate of due formation and organisation (e.g. certificate of incorporation/registration) if this is not provided you can verify online independently from the local govt company registry, if applicable

Scanned Copy of the Memorandum and Articles of Association or equivalent Data Points - Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID of the entity

Scanned Copy of authorised Signatory List or Corporate Resolution

Scanned Copy of the Register of Members/shareholders (beneficial owners) listing the name address and DOB (if DOB is applicable) of each person who directly, or indirectly, is the beneficial owner of more per cent of any voting or non-voting class of equity interests of the company than >10% (for High risk) ; >25% (for low & moderate risk)

Copy of the Register of Director

Director: collect full AML documentation - complete relevant checklist based on entity type of all directors

Does the entity issue Bearer Shares?

If so request letter from regulated custodian (e.g. lawyer) confirming that they hold the shares and will advise us of any change in ownership

Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth

AML documentation for all beneficiaries >10% (High) & 25% (Low & Moderate)- use relevant checklist based on entity type of beneficiary (Use HIGH risk requirements)

Must identify beneficiaries through to ultimate beneficial owner

Last PCR/RDC searches done

If any exceptions have been approved by AML in the past, please make a note here. Same to be done regarding any alerts & negative media on RP's.

Previous KYC Case#

Completed by

Date

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Individual

INDIVIDUAL &/or Joint Acct Holder

Account Holder Name & GCIS#

Full Name, DOB, Place of Birth, Gender, Country of Citizenship & Residence,
SSN/Gov ID

copy of picture identification bearing signature
(specify if valid)

Occupation, Employer's Name & Address, Estimated Income, Net Worth & Source
of Wealth

Fircosoft, RDC & BIS Searches last done

Previously Approved KYC Cases

Additional proof of address is dated within the last 6 months

Last PCR/RDC searches done

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Limited Liability Company

LIMITED LIABILITY COMPANIES

Account Holder Name & GCIS# Hyperion Air, LLC - 487225

Copy Certificate of Formation (or equivalent) Yes, Certificate of Existence if this is not provided you can verify online independently from the local govt company registry, if applicable

Copy operating agreement or equivalent Yes, Operating Agreement

Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID

Yes, Certificate of Formation & W9 Company Structure & RP's Identified

Name & address of all Managing Members (if individual also obtain date of birth) Enter name of Members Sole Member (Operating Agreement 2012)

Jeffrey E Epstein

Name & address of all Members who own >10% (High risk) ; >25% (Low & Moderate risk)

(if individual also obtain date of birth) Sole Member - Jeffrey E

Epstein Authorised Signor -LLC Resolution 2014 Jeffrey E Epstein

Managing Members- Collect full AML documentation - complete relevant checklist based on entity type of each member Authorised Signor -LLC

Resolution 2014 Harry Beller

Copy authorised signature list or Corporate Resolution LLC Resolution

Authorised Signor -LLC Resolution 2014 Darren Indyke

Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth Jeffrey Epstein SOW available

AML documentation for all members >10% (High risk); >25% (Low or Moderate) - complete relevant checklist(s) based on entity type of member ID Docs Available

Last PCR/RDC done 2017

If any exceptions have been approved by AML in the past, please make a note here. Same to be done regarding any alerts & negative media on RP's.

Previously Approved KYC Case# 1790820

Completed by Mayur Rathod

Date 7/27/2018

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Listed Company

THE INVESTOR MUST BE A REGULATED ENTITY IN A SCHEDULE 3 COUNTRY

Listed Companies

Account Holder Name & GCIS#

Proof of listing from relevant stock exchange

Name of listed entity must match the investor name exactly

Copy authorised Signatory List or Corporate Resolution

Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID

If the entity is classified as HIGH risk e.g. not in specified country this checklist should not be used

Refer to relevant checklist as per entity type e.g. Private company

Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income & Net Worth

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Previously Approved KYC Case#

Last PCR/RDC done

Completed by

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Public Body

Public/Government body

Account Holder Name & GCIS#

Screenprint of website confirming entity status as a public body

Details of all public / government body officials (name, residential address, date of birth & occupation)

Copy of Authorised Signatory List or Corporate Resolution

Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID

OR, if the above is not available:

Certified copy of the relevant Constitution/Formation Document;

Copy of Authorised Signatory List.

Details of all public / government body officials (name, residential address, date of birth & occupation)

Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth

PLUS if the entity is classified as HIGH risk e.g. PEP or not in specified country

collect full AML for public or governmental body officials :

Public body official AML documentation - complete relevant checklist (Use HIGH risk requirements)

Last PCR/RDC done

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Pension Scheme

Pension Scheme

Account Holder Name & GCIS#

Copy of the relevant Revenue/Tax Authority approval certificate e.g. IRS approval letter or web-site print out detailing the relevant Revenue/Tax Authority approval

Ensure this matched the name of the investor exactly

Copy of Authorised Signatory List or Corporate Resolution

Copy of the rules of the scheme confirming

(1) that contributions are made by the employer or by way of deduction from employee's wages and (2) that the rules of the scheme do not permit the member's interest to be re-assigned

Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID OR, if not registered with a relevant tax authority or pension board:

Certified copy of the relevant Constitution/Formation Document;

Name of the Trustees/Directors/Governors or equivalent

Identification of the scheme's administrator who is responsible for conducting the relevant AML checks on clients (additional documentation may be required in respect of the scheme administrator once they have been identified)

Certified copy or original Authorised Signatory List or Corporate Resolution Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth

PLUS if the entity is classified as HIGH risk e.g. PEP or not in specified country

Also obtain AML for trustees:

Trustee AML documentation - complete relevant checklist based on entity type of each trustee (use higher risk requirements)

Last PCR/RDC done

If account is opened in the name of trustee company on behalf of pension scheme see Pension scheme trustee checklist

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Date

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Pension Scheme Trustee
Pension Scheme Trustee
Account Holder Name & GCIS#
Online verification of Trustee company (from relevant company registration site)
Copy of the deed showing the relationship between the trustee company and the scheme
Ensure the trustee name on the deed matches the client name
Copy of the relevant Revenue/Tax Authority approval certificate e.g. IRS approval letter or web-site print out detailing the relevant Revenue/Tax Authority approval
Ensure this matched the name of the pension scheme
Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID
Copy of Authorised Signatory List or Corporate Resolution
Copy of the rules of the scheme confirming
(1) that contributions are made by the employer or by way of deduction from employee's wages and
(2) that the rules of the scheme do not permit the member's interest to be re-assigned
Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth
OR, if not registered with a relevant tax authority or pension board:
Online verification of Trustee company (from relevant company registration site)
Copy of the deed showing the relationship between the trustee company and the scheme
Ensure the trustee name on the deed matches the client name
Certified copy of the relevant Constitution/Formation Document;
Name of the Trustees/Directors/Governors or equivalent
Identification of the scheme's administrator who is responsible for conducting the relevant AML checks on clients (additional documentation may be required in respect of the scheme administrator once they have been identified)
Certified copy or original Authorised Signatory List or Corporate Resolution PLUS if the entity is classified as HIGH risk e.g. PEP or not in specified country
Also obtain AML for trustees:
Trustee AML documentation - complete relevant checklist based on entity type of each trustee (use higher risk requirements)
Last PCR/RDC done
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Date
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Trusts

Private Trusts

Account Holder Name

GCIS #

New KYC #

Copy of the Trust Deed or equivalent constitutional document

Copy of authorised Signatory List or Corporate Resolution

Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID

List of ALL beneficial owners/controllers or class of beneficiaries

If no named beneficiary has confirm who has control of the trust

Name address & Date of birth of trustees

Name address & Date of birth of settlor(s)/grantor(s)

Trustee 1: Collect full AML documentation - complete relevant checklist
based on entity type of trustee

Trustee 2 (or authorised signer) : collect full AML documentation - complete
relevant checklist based on entity type of trustee

Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated
Income& New Worth

Last PCR/RDC done

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Previously Approved KYC Case#

Onboarded in

Completed by

Date

Name	DOB	TIN	Position	ID Found in	SOW
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Limited Partnerships

Partnership

Account Holder Name & GCIS#

Copy of the Partnership Agreement or equivalent

Details of all partners (name, residential address, date of birth, occupation & ownership)

Copy of Authorised Signatory list or Corporate Resolution or Signature Card
Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID for the entity

General partner collect full AML documentation - complete relevant checklist based on entity type of each GP Enter name of GP

Limited partner collect full AML documentation - complete relevant checklist based on entity type of each LP Enter name of LP 1

ID Docs for GP's owning >25% interest

ID Docs for LP's owning >25% interest

Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth

PLUS if the entity is classified as HIGH risk e.g. PEP or not in specified country

Collect AML documentation for GP/LP listed above in line with higher risk requirements

collect full AML documentation for all partners who own more than 10% (High risk) of the partnership capital, profit, or voting rights use relevant checklist based on entity type of the partner

Last PCR/RDC done

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Charities

Registered Charity

Account Holder Name & GCIS#

Copy of the relevant Revenue/Tax Authority approval or proof of registration status from the relevant Charity Commission or equivalent e.g. IRS approval letter or website print-out

Copy of Authorised Signatory list or Corporate Resolution or Signature Card
Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID for the entity

Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth

PLUS if the entity is classified as HIGH risk e.g. PEP or not in specified country

Certified copy of the relevant Constitutional/Formation Document

Certified copy or original Authorised Signatory List

Details of each Trustee/Director/Governor (or equivalent) Enter names

Details of beneficiaries/class of beneficiaries (where ascertainable)

Enter name

Certified copy of the Audited Financial Statements.

Trustee/Director Govenor : AML documentation - complete relevant checklist based on each entity type (use higher risk requirements) Enter name of trustee/Director/Govenor

Last PCR/RDC done

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School College Universities
School/College/University
Account Holder Name & GCIS#
Confirmation of whether the entity is Publicly Owned or Privately Owned
If the entity is publicly-owned, use public body checklist
Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID for the entity
If privately owned identify beneficial owners and obtain AML as per relevant checklist
Details of the main officials (name, residential address, date of birth, and occupation).
Authorised Signatory List or Corporate Resolution or Signature Card
For Each Public body official collect full AML documentation - complete relevant checklist (Use HIGH risk requirements)
Name, address & date of birth of beneficial owners >10% (High Risk); >25% (Low or Moderate Risk) Enter name of beneficial owners
Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth
PLUS if the entity is classified as HIGH risk e.g. PEP or not in specified country
Collect AML documentation for officials listed above in line with higher risk requirements
Collect full AML documentation for beneficial owners >10% - complete relevant checklists)
Last PCR/RDC done
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Fund

Funds

Account Holder Name & GCIS#

Copy of the Offering Memorandum/PPM or equivalent

Name and address of the fund's promoter and administrator

Proof that the entity conducting the relevant AML checks on the underlying investors of the fund is regulated in a Specified Country if entity conducting AML is not regulated in a Specified Country look to high risk requirements

Details of all investors who own more than 25 per cent of the shares/units in the Fund

Legal Address, Date & Country of Incorporation, Residence, Tax Id/Gov ID for the entity

Industry, Nature of Business, Source of Wealth, Source of Funds, Estimated Income& New Worth

PLUS if the entity is classified as HIGH risk e.g. Administrator is not regulated, investor is a PEP or not in specified country

Collect full AML documentation for all shareholders with >10% (high-risk) holding (complete relevant checklist(s))

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