

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.

1

NA0S0DDDJimfLS-DDD1137T

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;

EACH of the matters identified by the following letters:
(ktuned not INITIAL the other lines if you initial line (P) AND enter the desired letters from (A) through (O)).

A-0

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 all assets in the brokerage accounts; and

(Hi) 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

(Hi) 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

2

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.

riojr Jr

J *Xov%<_. (ft ^

aAt rr\H pr

X n

C A

MAJOR GIFTS AND OTHER TRANSFERS: STATUTORY MAJOR GIFTS RIDER (OPTIONAL)

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.

3

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 **dav of ,2ot*f

(YOU SIGN HERE)

7
r

ACKNOWLEDGEMENT IN NEW YORK STATE
STATE OF NEW YORK

)
)ss.:
KN
COUNTY OF

)
On the day of/^in the years'^ A:/before me. the undersigned, personally appeared*X«.^^^«f
personally known to me or proved to me on the basis of satisfactory evidence to be the Individual whose nami 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 6h the instrument, tj)^ Individual, or the person upon behalf of which the individual acted, executed the instrtimen /

ice of the fndi^^l taking
A JU

It)
(Signal
A
LESLEY K GROFF
Notary Public - State of New York
NO. 01GR6285700
Qualified in New York County
MyCommU^pi^xpire^u^

ACKNOWLEDGEMENT OUTSIDE NEW YORK STATE

ki
STATE OF
)

)ss.:
.2017
Ml
)

COUNTY OF

On the1^3avof the vea7'^fore 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 .

4

individual taking ackn(to
tore and office o
iment)

LESLEY K GROFF

Notary Public - State of New York

NO. 01GR6285700

Qualified In New York County

My Commission Expires Jul 6. 2017

I

>>

>>

4

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).

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.

(Your Signature) as

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 Reci Hook Quarter B3, St. Thomas, USVI, 00802

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

Darren Tndyke, [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 Indvke

Signature:

Name:

ACKNOWLEDGEMENT IN NEW YORK STATE
STATE OF NEW YORK

)

)ss.:
COUNTY OF

On the V3^v of the year before me, the undersigned, personally appeared sft^jaersonally 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/hej^helr signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, execute the instrument. /

/U
loyfcfedgement)
ignature^d office of the
LESLEY K GROFF
Notary Public - State of New York
NO. 01GR6285700
Qualified in New York County
My Commission Expires Jul 8, 2017
I
5

I
I
ACKNOWLEDGEMENT OUTSIDE NEW YORK STATE
STATE OF .
COUNTY OF
On the day of
MY
)
)ss.;
NN
)

before me, the undersigned, personally appeared
in the year
, 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 individual(s), or the
person upon behalf of which the individual(s) acted, executed the
instrument, and that such individual(s) made such
appearance^fbre the undersigned in

_____ ;
_____.-(9/I/
j\sign^re an^^ce of thjj^dividual taking acknov^t&^n^t)
jj ,

LESLEY K GROFF
Notary Public - State ol New York
NO. 016R6285700
Qualified in New York County
My Commission Expires Jui 8, 2017
6

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 i^»H[the "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. Ido 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.
3. 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. If I was named as the successor agent, the prior agent is no longer able or willing to serve.

5. I make this affidavit for the purpose of inducing (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 Instrument (s) and in paying good and valuable consideration therefore. I hereby certify under penalty of perjury that the foregoing is true and correct.

Darren Indvke

Signature:

Signature:

Name:

Name:

lASv0 Ho^

)

STATE OF

)SS,:

COUNTY OF

)

day of ,20t^

sworn to before me thij

m

LESLEY K GROFF

Notary Public - State of New York

NO. 01GR62B5700

Qualified in New York County

My Commission Expires Jul fl, 2017

I

I

T