

N4G-023804

N4G-025098

N4G-025106

N4G-025114

N4G-023812

N4G-024968

N4G-024950

N4G-024935

N4G-025403

N4G-025080

N4G-026161

r ILLLLLLLLLLLLLLLLLLLLL

ATTY

For internal use only

N4G023804, N4G025098, N4G025106, N4G025114, N4G023812

FOR INTERNAL OFFICE USE ONLY: y

Applicable Account No(s). N4G024968, N4G024950, N4G024935, N4G025403, N46025080, N4G026161

Authorization/Power of Attorney

For Natural/Individual Persons for use in connection with Brokerage Accounts and/or Retirement Accounts with Deutsche Bank Securities Inc.

This Authorization/Power of Attorney constitutes a non-durable limited power of attorney, designed to give a person or persons designated by you either (a) limited authority over your Account(s) or (b) full authority over your Account(s) as set forth below.

NOTE: UNDER NEW YORK LAW, THE FOLLOWING DISCLOSURE IS REQUIRED TO BE INCLUDED, VERBATIM, IN EVERY POWER OF ATTORNEY

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

As the "Principal," you give the person whom 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, when 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 institutions 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, www.senate.state.ny.us or www.assembly.state.ny.us.

If there is anything in this document that you do not understand, you should consult with your lawyer.

Authority

The undersigned Principal (the Darren Indyke

'Undersigned" or "Principal") hereby appoints:

:

as the Undersigned's agent(s) and attorney(s) in-fact ["Agent(s)"] to act INDIVIDUALLY with respect to any and all accounts in the Undersigned's name ["Account(s)"], held individually or jointly' with Deutsche Bank Securities Inc. (DBSI), as well as individual retirement accounts (IRAs) held for the benefit of the Undersigned, with the authority to direct DBSI to accept instructions from the Agent(s) as set forth below, in each case in accordance with DBSI's terms and conditions for the Undersigned's names, and the Agent(s) may exercise the authority granted herein pursuant to the Undersigned's instructions, or otherwise for purposes which the Agent(s) reasonably deem(s) to be in the Undersigned's best interest.

Principal agrees that DBSI shall not be obligated to proceed with instructions that are inconsistent with the terms of any agreements governing the Account(s), or that would violate any applicable laws, rules or regulations, or that would be otherwise limited by the account type or documentation on file. The Undersigned authorizes the Agent(s) to make inquiries on the Account(s) (including transaction balances and holdings) and to receive copies of account statements and transaction confirmations upon the Agent(s)'s request. DBSI retains the right in its sole discretion to refuse to accept instructions by the Agent(s) to change the official mailing address assigned to the Undersigned's Account(s) or any beneficiary designations.

NOTE: If you want to authorize your Agent(s) to make gifts of your money or assets or other property held in the Account(s) during your lifetime, without restriction, to any one or more persons, including the Agent(s) himself, herself or themselves, you will need to execute a Statutory Major Gifts Rider. Giving such a power to your Agent(s) grants your Agent(s) authority to take actions which could significantly reduce your property or change how your property is distributed at death. DBSI shall not be responsible to monitor whether any payments or transfers are gifts and/or require the execution of a Statutory Major Gifts Rider.

' For joint accounts, all the authorized account holders must execute this form.

Deutsche Bank Securities Inc., a subsidiary of Deutsche Bank AG, conducts investment banking and securities activities in the United States.

1
WM134957-US
014707.0911514

SELECT AND INITIAL THE APPLICABLE BOX FOR LIMITED OR FULL TRADING
AUTHORIZATION

LIMITED TRADING AUTHORIZATION

(initials)

DBSI is authorized to follow the instructions of Agent(s) in every respect concerning the Account(s), and Agent(s) is/are authorized to act for the Undersigned and on the Undersigned's behalf to buy, sell or enter into trades of stocks, bonds, option contracts, or any other securities, or contracts relating to same on margin or otherwise, as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales or other trading activity.

Note: Limited Authorization does not permit Agent(s) to withdraw or transfer assets from the Account(s).

-OR -

FULL AUTHORIZATION TO TRADE AND MOVE ASSETS

(initials) piDc^i authorized to follow the instructions of Agent(s) in every respect concerning the Account(s), and to make deliveries or transfers of assets (including cash), from the Account(s) and payment of moneys as directed by Agent(s), without restriction including to the Agent(s), himself, herself or themselves except in connection with IRAs).

Note: This Full Authorization grants Agent(s) unrestricted authority to trade in the

Account(s) and to withdraw or transfer assets from the Account(s).

For IRAs, Agent is authorized to elect whether to make tax withholding elections in connection with distributions.

In all matters and things mentioned above, as well as in all other things necessary or incidental to the

furtherance or conduct of the Account(s), Agent(s) may act in the same manner and with the same

force and effect as the Undersigned might or could do.

This Authorization/Power of Attorney shall remain in full force and effect until DBSI receives actual written notice signed by the Undersigned of its revocation to be delivered to the Undersigned's DBSI Client Advisor or his or her branch manager.

However, the limited power of attorney granted hereunder is not a durable power of attorney and will cease to be effective upon actual receipt by DBSI of written notice of the occurrence of either of the following events: (a) the Undersigned is judicially declared to be incompetent, or (b) the death of the Undersigned. Notwithstanding the foregoing, the Undersigned acknowledges that DBSI shall be entitled to continue to rely upon this Authorization/Power of Attorney until such time as DBSI receives such actual written notice.

The Undersigned understands and agrees that DBSI has the right to require additional verification and documentation from the Undersigned or the Undersigned's Agent(s) in certain transactions that DBSI, in its sole discretion, deems necessary. In addition, DBSI has the right to request that either a new Authorization/-Power of Attorney be executed or that the Agent(s) verify in writing the validity of the current Authorization/Power of Attorney.

Darren Indyke
Agent's Name
2 Kean Court
Address
Livingston, NJ 07039
098-54-8596
TIN of Agent
Attorney
Relationship to Principal
TIN of Agent
Relationship to Principal

THIS DOCUMENT DOES NOT REVOKE ANY OTHER POWERS OF ATTORNEY THAT THE UNDERSIGNED HAS PREVIOUSLY EXECUTED, UNLESS THE UNDERSIGNED HAS SPECIFIED OTHERWISE ON THE LINES BELOW.

Agent's Name
Address
WM134957-US
014707:0911514

Indennification

The Undersigned acknowledges and agrees that the Undersigned is responsible for all acts of the Agent(s). The Undersigned hereby agrees, individually and on behalf of his/her heirs, executors, legal representatives and assigns to indemnify and hold harmless DBSI and its parents, affiliates, subsidiaries, officers, employees and agents (collectively, "DB") from all claims that may arise in connection herewith, and to pay DB promptly, on demand, any and all losses and liabilities arising therefrom or from any action taken or not taken by DB in reliance hereon, including without limitation, any debit balance due with respect to the Account(s). The Undersigned further hereby ratifies and confirms any and all transactions (including any payments or transfers) made by the Undersigned's Agent(s) in connection with the Account(s) prior or subsequent to the execution of this document and holds harmless DB regarding same. This Authorization/Power of Attorney shall inure to the benefit of DB and its successors and assigns irrespective of any change of changes at any time in the personnel thereof for any cause whatsoever.

Principal(s) Signature and Acknowledgment

To be effective for joint account(s), all account holders must sign.

Document must be signed in the presence of the Notary.

The Undersigned understands and agrees that DBSI may require joint account holder(s) to sign all requests for withdrawals from an account jointly with the Agent(s).

The Undersigned by signing below confirms that he/she has read the contents of this Power of Attorney and understands same, and has executed this Power of Attorney of his/her own free will and has received advice about the effect of this Power of Attorney from his/her advisers as he/she has deemed necessary or advisable.

In witness whereof, the Undersigned has executed this Authorization/Power of Attorney

,Date: *_*

^

Signature

Jeffrey Epsteli

Print Name:

(the 'Undersigned

Date:

!

Signature: _

Print Name: _

(the 'Undersigned")

Date:

.

Signature: _^

Print Name:

(the 'Undersigned"

WM134957-US
014707;0911514

IMPORTANT INFORMATION FOR THE AGENT(S):

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

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)

Act according to any instructions from the Principal, or, where there are no instructions, in the Principal's

best interest;

Avoid conflicts that would impair your ability to act in the Principal's best interest;

Keep the Principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;

Keep a record of all receipts, payments and transactions conducted for the Principal;

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 manners:

(Principal's Name) by (Your Signature) as

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

Agree that DBSI shall not be obligated to proceed with instructions that are inconsistent with the terms

of any agreements governing the Account(s) or that would violate any applicable laws, rules or regulations.

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 Authorization/Power of Attorney and in a Statutory Major Gifts Rider which

the Principal may attach to this Authorization/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 or successor agent, 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 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 Authorization/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:

Darren Indyke

I/we,

[insert name(s) of Agent(s)]

have read the foregoing Authorization/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. Authorization/Power of Attorney.

I am/we are the person(s) identified therein as Agent(s) for^^t

A.

iAgent's signature.

Agent's signature'.

Dated:

(VWayfcJL

\ \

, ^ f M

Agent's signature

Dated:

•

,

'

" ~ °

WM134957-US

'014707;0911514

ACKNOWLEDGEMENT OF PRINCIPAL'S SIGNATURE IN NEW YORK STATE
STATE OF NEW YORK, COUNTY OF HSv J ^©fg| C

ss.:

On

\ % ^ 54^4 ^

before me,

evidence to be the indivTdual(s) whose

.^^

.

, personally appeared

personally known to me or proved to me on the basis of satisfactory

e name(s) is (are) subscribed to within the 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 instrurrient, the

individual(s), or the person upon behalf of whom the individuals^ acted,

executed^he instrument.

\y ' ^

^'

"-'(^•^ S

% v

STATE OF /M Y

On

fA MP^X

CIPAL'S SIGNATURE OUTSIDE NEW YORK STATE

, COUNTY OF

\

I

,

^before me,

M V

:

''^ss-:''''^'

, 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 within

the 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 whom the individual(s)

acted, executed the instrument, and that such

individual(s) made such appearance before the Undersigned in

(state/country).

(signature and office of the individual taking acknowledgement)

ACKNOWLEDGEMENT OF PRINCIPAL'S SIGNATURE IN NEW YORK STATE (for joint
accounts)

STATE OF NEW YORK, COUNTY OF

;

On

.

before me,

.,
ss.:
, 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 within
the 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 whom the individual(s) acted,
executed the instrument.

Notary Public

ACKNOWLEDGEMENT OF PRINCIPAL'S SIGNATURE OUTSIDE NEW YORK STATE (for joint
accounts)

STATE OF

On _ ^

•
before me,
COUNTY OF

;

.

•
- , 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 within
the 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 whom the individual(s)
acted, executed the instrument, and that such
individual(s) made such appearance before the Undersigned in
(state/country).

(signature and office of the individual taking acknowledgement)

WIV1134957-US

014707.0911514

ACKNOWLEDGEMENT OF AGENT(S); SIGNATURE IN NEW YORK STATE

STATE OF NEW YORK, COUNTY OF _

before me,

^r^h^o^j^u|gn^y^al^j^f^ ^ ^

KGROFF

Notary Public - State of New Vbrk

NO. 01GR6285700

Oualified in New York Counly

STATE OF

On.

\^^ \

HIS)' SIGNATURE OUTSIDE NEWYORK STATE

COUNTY OF AL Y

_ before me,

''

, 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 within the 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 whom the individual(s) acted, executed the instrument, and that such individual(s) made

such appearance before the Undersigned in

,
(state/country).

(signature and office of the individual taking acknowledgement)

ACKNOWLEDGEMENT OF AGENT(S)'SIGNATURE IN NEW YORK STATE (for joint accounts)

STATE OF NEW YORK, COUNTY OF

On

^

before me,

.

ss.:

, personally appeared

personally known to me or proved to me on the basis of satisfactory evidence tp be the

individual(s) who'se name(s) is (are) subscribed to within the 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'indiyidual(s),

i

>

''-t...

'V

' 'i^p,

ss.:

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 within the 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 whom the individual(s) acted, executed the instrument.

Notary Public

ACKNOWLEDGEMENT OF AGENT(S)' SIGNATURE OUTSIDE NEW YORK SWfjfs r joirit a^^^
STATE OF

On

COUNTY OF

before me,

, 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 within the 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 individuaKs),

or the person upon behalf of whom the individual(s) acted, executed the instrument, and that such individual(s) made

such appearance before the Undersigned in

\
(state/country).

(signature and office of the individual taking acknowledgement)

ss.:

WM134957-US

014707.0911514

LJ Current Classification: (click here for help) Internal
Re: BSO Exception Request - DB POA Form [I] Q
Zia Memon to: Zbynek Kozelsky, Vahe Stepanian
Cc: Jay Lipman, Tazia Smith, Fran M Wickman, Amanda Kirby
History:

This message has been replied to and forwarded.

Classification: For internal use only

BSO approved

Zbynek Kozelsky

– Original Message

From: Zbynek Kozelsky

Sent: 10/22/2013 07:49 ALVI EDT

To: Vahe Stepanian/db/dbcom@DBAinercas@DBAMERICAS(aDBC0EX;

Cc: Jay Lipman; Tazia Smith; Fran Wickman; Amanda Kirby

Subject: Re: BSO Exception Request - DB POA Form [I]

Classification: For internal use only

Good morning Zia,

Please see below.

Ziggy Kozelsky

Markets Coverage Group

Deutsche Bank Securities Inc.

Private Wealth Management

345 Park Avenue

NewYork, NY 10154

Sent From Blackberry

Vahe Stepanian

-- Original Message

From: Vahe Stepanian

Sent: 10/21/2013 08:47 PM EDT

To: Zia Memon

Cc: Zbynek Kozelsky; Jay Lipman; Tazia Smith; Fran Wickman; Amanda Kirby

Subject: BSO Exception Request - DB POA Form [I]

Classification: For internal use only

Good Morning Zia,

Hope you had a great weekend.

Just wanted to follow up on an email that was sent over by Fran Wickman

(pis. see below).

As you may know, we are in the process of onboarding a new client, Jeffrey Epstein, who has already

transferred in \$120mm+ liquid across his accounts.

A few items that we're requesting exceptions for:

1) Using DB POA for entity accounts (per Fran, POA is meant for natural persons accts.) - Client would

like his assistants to have FULL POA over accts. Cannot use LTA in this situation.

)

Zia Memon

10/22/2013 07:54 AM

2) Approval of Full POA for professional relationship (to agent) - requires BSO Approval

3) The signatures were notarized by one the Agents being appointed power of attorney - Client's assistant is notary. Assistant is NOT notarizing his own signature, just Jeanne's (other assistant).

I've CC'ed Fran here who can correct if I've misstated or left anything off. Please let me know if you have any questions.

We're meeting with the client tomorrow morning, so we would appreciate if you could please review at some point today.

Thanks in advance for your help.

Vahe

From:

To:

Cc:

Date:

Subject:

• Forwarded by Vahe Stepanian/db/dbcom on 10/21/2013 08:35 AM •

Fran M Wickman/db/dbcom

Vahe Stepanian/db/dbcom@DBAmericas, Jay Lipman/db/dbcom(a)DBAMERICAS,

Zbynek Kozelsky/db/dbcom(a)DBAmericas, MO CIP

10/18/2013 02:52 PM

POA Issues [I]

Classification: For internal use only

N4G-024943 & N4G-024935 - DB POA is for Natural Persons accounts only. DB Limited Trading

Authorization is to be completed for trusts & corporations.

N4G-024968 - Professional relationship to Agent requires BSO approval.

Jean Anne Brennan was appointed as agent. Her name on her ID is Jean Anne Brennan-Wiebracht.

N4G-023812, N4G-025098, N4G-025106, N4G-025114, N4G-023804, N4G-025080 - DB POA is for

Natural Persons accounts only. DB Limited Trading Authorization is to be completed for corporations &

LLCs.

N4G-025072 is not a valid acct #.

Jean Anne Brennan was appointed as agent. Her name on her ID is Jean Anne Brennan-Wiebracht.

The signatures were notarized by one the Agents being given power of attorney.

Kind regards,

Fran Wickman

IZl

Fran Wickman

Deutsche Bank Securities Inc.

Private and Institutional Client Services (PICS)

1 South Street, 21202-3298 Baltimore, MD, USA

Mobile +410 812-2783
Email fran.m.wickman@db.com

:•; D
'.- 02-12-20til
ifJOYKE
DAfilRSH K
- i
m •