

The Morgan Account
Application: Morgan Premier Banking



CAS 9710670708

SCAN

SPN #: [REDACTED]
ACCT. #: [REDACTED]
Doc. ID #: 111
Effective Date: _____

MORGAN USE ONLY US840 04/08

Title **JEFFREY EPSTEIN**

SPN _____ MMIA No. _____

Primary CAS [REDACTED]

Checking Acct. No. _____

JPMorgan Representative (sent package) **THOMAS A. RICE**

A **CAS 9710670708**

ACCOUNT INFORMATION **JEFFREY EPSTEIN**

SCAN

SPN #: [REDACTED]
ACCT. #: [REDACTED]
Doc. ID #: 111
Effective Date: _____

Entity Type Individual Tenants by the Entirety
 Joint (JTWROS) Community Property
 Tenants in Common UYMA/UGMA
 In Trust For (Payable On Death for Texas residents)
 Transfer on Death (TOD)

B

ACCOUNT TYPE Checking Account Checking with Interest Account Premier Checking Account
 Money Market Investment Account CD (Certificate of Deposit); Investment features will be obtained by JPM Representative

C PRIMARY ACCOUNTHOLDER INFORMATION

| | | | | |
|---|--|------------|------------------------|------------|
| Name | JEFFREY EPSTEIN | | Social Security Number | [REDACTED] |
| Current Mailing Address | 457 MADISON AVENUE | | City | NEW YORK |
| | | | State | NY |
| Zip Code/Country | State of Legal Residence | Telephone | Fax | |
| 10022 | NY | [REDACTED] | | |
| Date of Birth | Mother's Maiden Name/ Password | | | |
| Citizenship | If non-U.S. Citizen: | | | |
| <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other _____ | <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien* | | | |
| | *May have to complete International Client Application | | | |

BUSINESS INFORMATION

| | | | |
|------------------|---------------------|--------------|----------|
| Type of Business | Business Telephone | Business Fax | |
| Name of Firm | Occupation/Position | Since | |
| Address | City | State | Zip Code |

D SECONDARY ACCOUNTHOLDER INFORMATION (For Joint Accounts)

| | | |
|---|--|--------------------------|
| Name | Social Security Number | |
| Current Mailing Address | Telephone | Fax |
| City | State | Zip Code/Country |
| | | State of Legal Residence |
| Date of Birth | Mother's Maiden Name/ Password | |
| Citizenship | If non-U.S. Citizen: | |
| <input type="checkbox"/> U.S. <input checked="" type="checkbox"/> Other _____ | <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien* | |
| | *May have to complete International Client Application | |