

**The Morgan Account
Durable Power of Attorney**



MORGAN USE ONLY US042 7/04
 Title **Jeffrey E Epstein**
 SPN **1405152**
 Primary CAS **9710670708**
 Account Number

MUTUAL FUNDS	<p>_____ I. To buy, exchange, reinvest or redeem shares of beneficial interest in any mutual funds in accordance with your terms and conditions for my account and risk and in my name; to give instructions with respect to any of the above-described actions; to give orders to make payment to any party, including the Attorney;</p>
CREDIT; PLEDGE SECURITY	<p>_____ J. To borrow money from Morgan, and to apply for and secure, from Morgan any forms of credit; to enter into any notes or agreements with Morgan which result in direct or contingent liabilities to me, with or without security, to negotiate or discount any instruments, negotiate otherwise with or through Morgan; to repay, discharge, settle, adjust, compromise or liquidate any loan, obligation or liability; to pledge, mortgage, hypothecate, assign, transfer, deposit or deliver, with or to Morgan, as security or as additional or substitute security, or for sale or other disposition, stocks, bonds and other securities, deposit accounts, book accounts, choses in action and any other tangible or intangible property, and to make substitutions thereof, and to receive any thereof upon the release or surrender thereof; to sign, execute and deliver any and all stock powers, bond powers, proxies, assignments, trust receipts, pledge and security agreements and other contracts and instruments in writing, with or without seal; to authorize, give, make, procure, accept and receive monies, payments, property, notices, demands, vouchers, receipts, releases, compromises and adjustments; to waive notices, demands, protests and authorize and execute waivers of every kind and nature; to enter into, make, execute, deliver and receive written agreements, undertakings and instruments of every kind and nature;</p>
ACCOUNT ADMINISTRATION	<p><i>[Signature]</i> K. To inquire about and receive information relating to any Account, including but not limited to, balance, withdrawal, payment and deposit information;</p> <p><i>[Signature]</i> L. To give instructions for the withdrawal, internal and external transfer of money to an account in my name, individually or jointly, and for which I am a legal or beneficial owner;</p> <p><i>[Signature]</i> M. To pick up or otherwise receive mail or other information held by Morgan, subject to the terms of agreements with Morgan and to applicable law and regulation.</p>

Morgan is entitled to rely on this Power of Attorney until Morgan actually receives my written revocation. A revocation will not affect or impair any liability or obligation arising out of or related to the exercise by an Attorney of any power granted herein before Morgan's actual receipt of a revocation. Each Attorney is authorized to act on my behalf, in the same manner and with the same force and effect as if I had given any instruction myself, and to do anything necessary or incidental to or to effect such instructions.

In order to induce Morgan to act in accordance with this Power of Attorney, I agree to hold Morgan harmless from any loss or liability resulting from acting or purporting to act in accordance with this Power of Attorney until Morgan's actual receipt of written notice of my revocation or of my death.

This Power of Attorney shall not be affected by my subsequent disability, incapacity or incompetence or that of any other person signing below. My death shall not affect the Power of Attorney granted by any other Accountholder signing below.

This Power of Attorney shall be deemed made under the law of the State of New York for all purposes, including (without limitation), construction, validity, and effect, and shall be governed by such law.

I give each Attorney full authority to do anything he or she considers necessary and proper to be able to act in accordance with this Power of Attorney, even if it is for the Attorney's own benefit, all as if I were personally doing it. I hereby ratify and confirm everything that my Attorney has done or shall do by virtue of this Power of Attorney.

SPECIMEN SIGNATURES OF ATTORNEY(S)	<p>Each Attorney shall sign as follows: Two or more Attorneys may each act singly unless this box is checked <input type="checkbox"/>, in which case any two must act jointly.</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> Ghislaine Maxwell</p> <p>Signature (Attorney-in-Fact) Print Name Date</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Specimen Signatures continued on following page</p>
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