

J.P. Morgan Account Trust/Estate Account Application

J.P.Morgan

A. Account Information

Title of Account: THE HAZE TRUST, JEFFREY E EPSTEIN, DARREN K INDYKE, TRUSTEES

Trust Revocable Trust Estate Qualified Plan Delaware Business Trust Living Trust
 Other _____ Charitable (check if applicable)

I have applied to open the following accounts (check all that apply):

Checking Account Money Market Deposit Account/Savings Business Checking with Interest Account *
 (*Available only for not-for-profits, trusts and estates, municipalities, foundations and sole proprietorships)
 Investment Management/Third Party Manager/J.P. Morgan Advisory Program (discretionary)

Asset/Brokerage Asset/Brokerage with Private Asset Management Account (if applicable)
 Asset/Custody Asset/Custody with Private Asset Management Account (if applicable)

I hereby apply for a Line of Credit linked to my Asset Account Yes (U-1 form will be required) No
 Please be advised that if you have another account with the same feature, this is not applicable.

Tax Cost Methodology:

High Cost Long Term High Cost FIFO Low Cost

Each account I open, and each subaccount opened under such account from time to time, are subject to the security interest provisions in the Agreement (as defined below in "F. Agreement") and are pledged as Collateral for all my Obligations.

B. Trust/Estate Information

EIN #:

1	3	7	1	8	5	4	1	4
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 Trust Domicile NY

SSN #: _____
 Date of trust/Date of birth:

0	2	0	9	1	9	9	9
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m m - d d - y y y y

Grantor(s) of trust JEFFREY E EPSTEIN

SSN #

0	9	0	4	4	3	3	4	8
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 Date of death (for estates)

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m m - d d - y y y y

Additional Grantor of Trust _____ SSN #:

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The following fields are required for Brokerage and IM Accounts:

Trust/Estate Liquid Net Worth (\$) None Trust/Estate Total Net Worth (\$) more than 25 million

By checking the box below I consent to the electronic delivery of all information including, but not limited to, communications, prospectuses, and marketing and sales documents relating to my securities activity for all investment products including both registered and unregistered offerings. I will receive this information at the most recently provided e-mail address.

I may be notified by e-mail regarding the above. Single e-Mail Address: harrybeller@jpm.com

C. Trustee/Executor Information (address will be used for statements)

Trustee Executor

Name JEFFREY E EPSTEIN

Relationship _____

Date of Birth:

0	1	-	2	0	-	1	9	5	3
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m m - d d - y y y y

SSN #:

0	9	0	4	4	3	3	4	8
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Address 5100 RED HOOK QUARTER B3 City ST THOMAS State Virgin Islands Zip 00802

Country UNITED STATES Phone _____ Fax _____

Name of firm Financial Trust Company Type of business _____

Occupation/position President Business phone 340-775-2525 Business Fax _____

D. Current Beneficiary Information (for Additional Beneficiaries, a form will be provided)

Name and address _____ Relationship _____

J.P. Morgan Use Only
1 of 2

THE HAZE TRUST Title
MORRIS V PALA, Banker/Investor

9468523 SPN

0221477308 CAS
12/10 US1077