

J.P. Morgan Derivatives Account Application and Agreement:
Swaps and Other Contracts

Affiliations (cont.)

Accountholder or immediate family member or another household member is an employee of a financial institution or insurance company: Yes No

If yes,* name of institution _____ Name of employee/assoc. _____

*If yes, the employer financial institution or regulator must provide written permission on corporate letterhead to open a Brokerage, Margin, or Investment Management account.

E. Signature (All Account Owners are required to sign below)

⇒ [Signature] 3-27-13 JEFFREY EPSTEIN
Signature Date Name (Print)

⇒ _____
Signature Date Name (Print)

G. J.P. Morgan Use Only

TO BE COMPLETED BY J.P. MORGAN

Approval: I have reviewed the information above concerning the client's suitability, including: investment objectives, investment experience, and financial condition

RF Signature [Signature] Date 7/30/13

ROSFP Signature _____ Date _____

S-ROSFP Signature (Exchange Traded Options Levels 5&6) [Signature] Date 7/30/13

Account Title SOUTHERN FINANCIAL LLC Brokerage Account Number [Redacted]