

The Morgan Account
Application: Morgan Premier Banking



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**

<p>A ACCOUNT INFORMATION</p> <p>CAS 9/1/06 10708</p> <p>SCAN</p> <p>JEFFREY EPSTEIN</p> <p>SPN #: [REDACTED] ACCT. # [REDACTED] Doc. ID # 111 Effective Date: _____</p>	<p>Entity Type</p> <p><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Tenants by the Entirety</p> <p><input type="checkbox"/> Joint (JTWROS) <input type="checkbox"/> Community Property</p> <p><input type="checkbox"/> Tenants in Common <input type="checkbox"/> UYMA/UGMA</p> <p><input type="checkbox"/> In Trust For (Payable On Death for Texas residents)</p> <p><input type="checkbox"/> Transfer on Death (TOD)</p>
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B ACCOUNT TYPE

Effective Date: _____

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		Social Security Number		
	JEFFREY EPSTEIN		[REDACTED]		
	Current Mailing Address		City	State	
	[REDACTED]		NEW YORK	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				