

Country: VIRGIN ISLANDS (U.S.)  
 Postal/Zip Code: 00802  
 Contact Phone: ()  
 Date of Birth :(mm/dd/yyyy) 01/20/1953

What form of government issued identification document did you obtain for the files?

Driver's License

If the grantor is deceased, please select "Other" and input a date of death.

Tax ID / Social Security Number : 090443348  
 You must ensure that a copy of an IRS application for tax id has been received from the client as evidence per Private Bank Policy.

Passport/Drivers License # US Virgin Island D/L - DD - C-00000029913 - CI - 0000025874

List any additional grantors in the following table.If the grantor is deceased, indicate this in the Name field .If an Organization, provide the legal name.

Name	Date of Birth (mm/dd/yyyy)	Form of Govt Issued ID Obtained	Passport # / DL #	Tax ID

Beneficiary (-ies):

Name	Relationship to Grantor,Trustee/Executor
Jeffrey Epstein	Self

Introduction Information

Introduction Type: Related Client A/C

Specific Information

This is another part of an existing client relationship with Jeffrey Epstein. The client has requested the opening of a checking account for trust. This trust is for the benefit of Jeffrey Epstein.

Met with Non JPM Trustee(s)/ Executor(s) ?  Yes  No

Background / Financial Information

Occupation, Business or Employer of Non-JPM Trustee(s)/Executor(s) Profession/Business Type: Jeffrey Epstein is a financial advisor - he has made his wealth managing money for wealthy individuals.

Trust's/Estate's Value: \$ 50.00 (USD millions)

Source Of Wealth/Assets of the trust: Other

Other

(Provide detailed and specific information) The source of wealth derives from distributions, funding from other sources - personal investments

Transaction Profile/Expected Account Activity

What is the purpose/intended use of this account?	Checking account for trust.
What is the expected source of account funding ?	Wire
Approximate \$ amount to fund the account :	10,000,000

Please select each "Product Type" that applies. Within each product type, please check ALL transaction types that apply and provide a description of expected account activity. (document expected sources of inflows and destinations of transfers,countries, and types of payors/payees.Include where is the money coming from - example : A specific bank or firm and purpose of specific transactions, if known)

Product Type - Select all that apply	Transaction Types - Select all that apply and expected activity level ( L = 1-5, M = 6-12, H =>12 transactions per month)	Anticipated \$ Amount Totals per month - Please provide at least an estimate
Deposit/Current Accounts (Checking, Savings, Money Market)	Cash ( withdrawals/deposits) - <input checked="" type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	Below \$10000