

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

Affiliations (cont.)

Account holder 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)

→  3-28-13 JEFFREY EPSTEIN
Signature Date Name (Print)

→ _____
Signature Date Name (Print)

G. J.P. Morgan Use Only

TO BE COMPLETED BY J.P. MORGAN

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

RF Signature _____ Date _____

ROSFP Signature _____ Date _____

S-ROSFP Signature (Exchange Traded Options Levels 5&6) _____ Date _____

Account Title SOUTHERN TRUST COMPANY, INC Brokerage Account Number 