

The Morgan Account
Funds Transfer Agreement for Entities



MORGAN USE ONLY 08842 02/09
Title _____
SPN _____
Priority CAS _____

B ACCOUNT INFORMATION	Account Title _____	Account Number _____
	Account Title _____	Account Number _____
	Account Title _____	Account Number _____
C APPOINTMENT OF AUTHORIZED PERSON(S)	Account holder hereby appoints the following Authorized Person(s) to give Payment Orders.	
	Print Name: <u>Harry Keller</u>	Signature: <u><i>Harry Keller</i></u>
	Phone Number (Business): [REDACTED]	Phone Number (Other, please specify): _____
	Print Name: _____	Signature: _____
	Phone Number (Business): _____	Phone Number (Other, please specify): _____
	Print Name: _____	Signature: _____
	Phone Number (Business): _____	Phone Number (Other, please specify): _____
	Cross out any unused lines above.	
SIGN HERE <input checked="" type="checkbox"/>	ACCOUNTHOLDERS ARE REQUESTED TO SIGN BELOW:	
	<input checked="" type="checkbox"/> Signature (Accountholder): <u><i>[Signature]</i></u>	Date: <u>4/18/07</u> Print Name: <u>Jeffrey Epstein</u>
	Phone Number (Home): [REDACTED]	_____
	<input checked="" type="checkbox"/> Signature (Additional Accountholder): _____	Date: _____ Print Name: _____
	Phone Number (Home): _____	Phone Number (Business): _____
	<input checked="" type="checkbox"/> Signature (Additional Accountholder): _____	Date: _____ Print Name: _____
	Phone Number (Home): _____	Phone Number (Business): _____
	<input checked="" type="checkbox"/> Signature (Additional Accountholder): _____	Date: _____ Print Name: _____
	Phone Number (Home): _____	Phone Number (Business): _____

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SCAN

SPN # _____
ACCT # _____
Doc. ID # _____
Effective Date: _____