

# The Morgan Account

Month 1 / Date 1 / Year \_\_\_\_\_  
(CIRCLE ONE BELOW)  
 Social Security no. / Tax ID no. / Passport no. \_\_\_\_\_

Account type \_\_\_\_\_ Account number \_\_\_\_\_  
 Account type \_\_\_\_\_ Account number \_\_\_\_\_  
 BAC # \_\_\_\_\_

Account title \_\_\_\_\_

All Accountholders/Signers must sign this Signature Form exactly as the checks/instructions will be signed.

Print (Accountholder/Signer, Trustee, Custodian, Director, etc.)	Title	if facsimile signature, check box <input type="checkbox"/>
JEFFREY EPSTEIN, President		<input checked="" type="checkbox"/>
GHISLAINE MAXWELL, Treasurer		<input checked="" type="checkbox"/>
HARRY BELLEF, Secretary		<input checked="" type="checkbox"/>
		<input type="checkbox"/>

is this an existing account?  yes  no    if yes, does this card replace all other cards against this account?  yes  no  
 Signing instructions (Please use back of card if necessary)

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