J.P.Morgan

Type of Business

Date of Incorporation/Organization Country of Incorporation/Organization

Primary Authorized Contact Person Phone [redacted] Mobile Phone

Mailing Address 71; ; RED HOOK QUARTER STE B-9

City ST THOMAS Country VIRGIN ISLANDS (US) Zip 00802

Email Address

Title of account/Name of business: FINANCIAL TRUST COMPANY INC

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☐ Yes Company Partnership

I have applied to open the following accounts:

☐ Checking Account ☐ Money Market Deposit Account/Savings ☐ Investment Management/Third Party Manager
J4P4 Morgan Alpha Program (discretionary)

☐ Asset/Brokerage ☐ Asset/Custody

I hereby apply for a Line of Credit linked to my Asset Account ☐ Yes (U form will be required) ☐ No

Automatic Sweep (Applicable only to Asset or Asset with Brokerage Accounts): As further described in the Asset Account Agreement, uninvested cash balances and new cash deposits will be transferred automatically to a Deposit Sweep4

Account Tax Cost Methodology: ☐ High Cost ☐ Long Term High Cost ☐ FIFO ☐ Low Cost ☐ Average Cost

If the ccount ax ost ethodology is not Average
selecting one of the options ☐ Mutual Funds Only ☐ Dividend Reinvestment Plan (DRP) Only ☐ Mutual Funds & DRP ☐ None

Is this a privately held operating company in which any one person or entity has 25% or more of the ownership interest?

☐ Yes (complete owner information below) ☐ No

Owner (Primary) Ownership

Date of Birth: Passport Number

Owner Ownership

Date of Birth: Passport Number

Owner

Date of Birth: Passport Number

Owner

Passport Number

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