

**A. Entity Information**

Type of Business INVESTMENTS

Date of Incorporation/Organization 11/06/1998

Country of Incorporation/Organization VIRGIN ISLANDS (U.S.)

Primary Authorized Contact Person DARREN INDYKE  
6100 RED HOOK, QUARTERS B-3

Phone [REDACTED]

Mailing Address

City ST THOMAS

Country<sup>FO</sup>

Zip 00802

The following fields are required for Brokerage and IM Accounts:

Gross Annual Revenue (\$)	Total Assets (\$)	Liquid Net Worth (investable assets) (\$)	Total Net Worth (\$)
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**B. Account Information**

Title of account/Name of business: FINANCIAL TRUST COMPANY INC, C/O AMERICAN YACHT HARBOR

- |   |  |  |  |                            |
|---|--|--|--|----------------------------|
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Partnership               | <input type="checkbox"/> PIC/PHC                       | <input type="checkbox"/> Sole Proprietorship | <i>Check if applicable</i> |
| <input type="checkbox"/> Foundation             | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Not for profit      |                            |

I have applied to open the following accounts:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Money Market Deposit Account/Savings | <input type="checkbox"/> Investment Management/Third Party Manager (discretionary) |
| <input type="checkbox"/> Asset/Brokerage  | <input type="checkbox"/> Asset/Custody                        |  |

I hereby apply for a Line of Credit linked to my Asset Account  Yes  No (if Yes, a U-1 form will be required)

Each account I open is subject to the security interest provisions in the Agreement (defined below) and is pledged as Collateral for all my Obligations.

**C. Ownership Information**

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

Controlling Owner (Primary)	% of Ownership <u>0</u>	Controlling Owner	% of Ownership <u>0</u>
Date of Birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of Birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Passport Number		Passport Number	
Controlling Owner	% of Ownership <u>0</u>	Controlling Owner	% of Ownership <u>0</u>
Date of Birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of Birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Passport Number		Passport Number	

**D. Authorized Persons for Information Access**

The following individuals are authorized to inquire about and receive all information about my accounts and transactions, including access to account information made available on J.P. Morgan websites:

Name _____	Name _____
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**E. Brokerage Information (required for Brokerage accounts only)**

By checking the box below I consent to the electronic delivery of all information including, but not limited to, communications, prospectuses, and marketing and sales documents relating to my securities activity for all investment products including both registered and unregistered offerings.

I may be notified by e-mail regarding the above e-Mail Address: \_\_\_\_\_

- My objective for this account (check one):  Capital Preservation  Income Generation  Capital Appreciation  
 Speculative or aggressive investments that may generate higher returns but may be riskier than other investments because I may lose all or part of my investment (check one):  Are permitted in this account  Are not permitted in this account  
 Primary source of income:  Investments  Operating income  Other \_\_\_\_\_

Please indicate the number of years of personal trading experience for the authorized party(s) on this account:  
 Stocks 20 Bonds 20 Commodities \_\_\_\_\_ Foreign Exchange \_\_\_\_\_ Emerging Markets 20 Options 20

I currently have brokerage accounts with the following firms: \_\_\_\_\_

J.P. Morgan Use Only 1 of 2	FINANCIAL TRUST COMPANY INC Title Casey Mary C Banker/Investor	2811138 SPN	9707980808CAS 01/10 1060
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