JPMorgan Account

Month/Date/Year

Social Security no. / Tax ID no. / Passport no.

Account title: **116 East 65th Street LLC**

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 ☐
Ghislaine Maxwell		SIGN HERE X	
Print (Joint Accountholder/Signer, Trustee, Custodian, Director, etc.)	Title		If facsimile signature, check box ☐
		SIGN HERE X	
Print (other)	Title		If facsimile signature, check box ☐
DANA BURNS		SIGN HERE X	
Print (other)	Title		If facsimile signature, check box ☐
		SIGN HERE X	

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.)

JPMorgan Account

Account type Account number

Account type Account number

Month/Date/Year

Social Security no. / Tax ID no. / Passport no.

Account title

BAC #

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 ☐
Ghislaine Maxwell		SIGN HERE X	
Print (Joint Accountholder/Signer, Trustee, Custodian, Director, etc.)	Title		If facsimile signature, check box ☐
		SIGN HERE X	
Print (other)	Title		If facsimile signature, check box ☐
DANA BURNS		SIGN HERE X	
Print (other)	Title		If facsimile signature, check box ☐
		SIGN HERE X	

Is this an existing account? ☒ yes ☐ no   If yes, does this card replace all other cards against this account? ☐ yes ☐ no

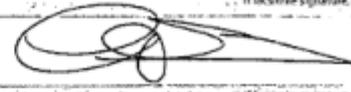Signing instructions (Please use back of card if necessary.)

Comments

Date[mmddyyyy] 02102010

Box Number

Form Type = "CITADEL"

Doc Code Doc Code Doc Code Doc Code Account Numbers

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Account Numbers

739474235

JPMorgan Account

Account title　　　Account number

Account type　　　Account number

Account title

Social Security no. / Tax ID no. / Passport no.

Account title

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

Ghislaine Maxwell　　SIGN HERE X

SIGN HERE X

SIGN HERE X

SIGN HERE X

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.)

JPMorgan Account

Account type　　　Account number

Account type　　　Account number

Account title

Social Security no. / Tax ID no. / Passport no.

Account title

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

SIGN HERE X

SIGN HERE X

SIGN HERE X

SIGN HERE X

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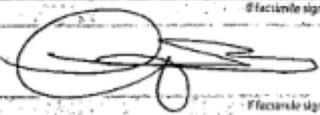
Signing instructions (Please use back of card if necessary.)

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Comments

Date[mmddyyyy] | Box Number | Form Type = "CITADEL"
07272011 | |

Doc Code | Doc Code | Doc Code | Doc Code | Account Numbers
194 | | | |

Account Numbers

403191997

JPMorgan Account

Month/Date/Year: _____

Social Security no. / Tax ID no. / Passport no.: _____

Account type: ▢ Account number: ▢▢▢▢▢▢▢▢▢▢

Accounts type: ▢ Account number: ▢▢▢▢▢▢▢▢▢▢

BAC #: ▢▢▢▢

Account name: **Freedom Air International, Inc.**

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

Print (Accountholder/Signer, Trustee, Custodian, Director, etc.) Title		Signature check box ▢
Harry Beller	SIGN HERE X	_Harry Beller_
Jeffrey Epstein	SIGN HERE X	_(signature)_
Darren Indyke	SIGN HERE X	_Darren Indyke_
	SIGN HERE X	

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)

JPMorgan Account

Month/Date/Year: _____

Social Security no. / Tax ID no. / Passport no.: _____

Account type: ▢ Account number: ▢▢▢▢▢▢▢▢▢▢

Account type: ▢ Account number: ▢▢▢▢▢▢▢▢▢▢

BAC #: ▢▢▢▢

Account name: _____

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

Print (Accountholder/Signer, Trustee, Custodian, Director, etc.) Title		Signature check box ▢
	SIGN HERE X	
	SIGN HERE X	
	SIGN HERE X	
	SIGN HERE X	

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)

_18047_

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JPMorgan Account

Account type	Account number	7 3 9 1 1 6 3 1 2
Account type	Account number	
	BAC #	

Month/Date/Year

Social Security no. / Tax ID no. / Passport no.

Account title: **Ghislaine Maxwell**

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 ☐
Ghislaine Maxwell		SIGN HERE X	
Print (Joint Accountholder/Signer, Trustee, Custodian, Director, etc.)	Title		If facsimile signature, check box ☐
		SIGN HERE X	
Print (other)	Title		If facsimile signature, check box ☐
DANA BURNS		SIGN HERE X	
Print (other)	Title		If facsimile signature, check box ☐
		SIGN HERE X	

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.)

JPMorgan Account

Account type	Account number	
Account type	Account number	
	BAC #	

Month/Date/Year

Social Security no. / Tax ID no. / Passport no.

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 ☐
Ghislaine Maxwell		SIGN HERE X	
Print (Joint Accountholder/Signer, Trustee, Custodian, Director, etc.)	Title		If facsimile signature, check box ☐
		SIGN HERE X	
Print (other)	Title		If facsimile signature, check box ☐
DANA BURNS		SIGN HERE X	
Print (other)	Title		If facsimile signature, check box ☐
		SIGN HERE X	

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.)

Comments

Date[mmddyyyy] 02102010

Box Number

Form Type = "CITADEL"

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Account Numbers

Account Numbers	Account Numbers
739116312	

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The Morgan Account Application: Signature Page	⬡ JPMorgan Private Bank

MORGAN USE ONLY

Title **GHISLAINE MAXWELL**
SPN *5036151*
Primary CAS

Accounts Opened:
☐ ASSET ☐ PAAS ☐ BROKER: ☐ CUST
☒ ODA ☐ MMIA ☐ MARGIN

THIS APPLICATION MUST BE COMPLETED BEFORE MORGAN WILL BE ABLE TO PROVIDE FINANCIAL SERVICES. IF ANY SECTION IS COMPLETE YOU WILL CONTACT ME TO OBTAIN ADDITIONAL INFORMATION. YOU WILL SEND ME A COMPLETED COPY OF THE APPLICATION. S... MUST W... YOU OF ANY INACCURACIES WITHIN 10 DAYS OF YOUR SENDING ME A COMPLETED COPY. I MUST ALSO NOTIFY YOU OF ANY ... CHANGE. THE INFORMATION IN THIS APPLICATION. ABSENT NOTIFICATION, THE INFORMATION CONTAINED IN THE APPLICATION WILL B... ...D ACC... AND COMPLETE.

A | MORGAN AGREEMENT

The General Terms for Accounts and Services and Appendices along with this Application ... ... additional Account Agreements, Rate and Fee Schedules, Risk Disclosures and Supplemen... ... and all amendments and supplements to any of them in effect from time to time comprise the A... ...ment between you and me.

By signing this Application, I acknowledge that I have, or will read all the various docume... ...ludi... but not limited to, the General Terms for Accounts and Services, Account Agreements, Rat... ...ee Schedules, and Appendices, including Risk Disclosures, Supplemental Forms, and if applic... ...ng Global Custody Account Agreement, which comprise the agreement between you and me ... ...tee... I further acknowledge that I will notify you immediately if I have any issues with the Agre... Otherwise, I will be deemed to concur with this Agreement between you and me. I also agr... ...each of the Accounts I am applying for is pledged as Collateral for all of my obligations. I al... ...wledge that I have read and consent to the terms of the JPMorgan Private Bank Privacy Policy, incl... ...the manner in which my information is received and used, and that upon opening an accoun... ...Morgan Private Bank my client information will be used by one or more members of the JPMorgan P... ...Bank family of companies (as listed in the Policy) in order to make available to me all the produ... ...c services available through the JPMorgan Private Bank.

I understand that you do not give tax or legal advice, and that I am advised to consult a law... ...tax Advisor about tax, legal, and estate-planning issues affecting my Accounts, including the ... ...ccounts are titled.

B | TAX CERTIFICATION

I CERTIFY, AS THE ACCOUNTHOLDER SIGNING BELOW AND UNDER PENALTIES OF PERJURY, THAT (1) THE NUMBER SH... ...ON THIS APPLICATION IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER (OR I AM WAITING FOR A NUMBER TO BE ISSU... ...ME), AND (2) THAT I AM NOT SUBJECT TO BACK-UP WITHHOLDING BECAUSE: (A) I AM EXEMPT FROM BACKUP WITHHOLDING, ...I HAVE NOT BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE (IRS) THAT I AM SUBJECT TO BACK-UP WITHHOLDING ... ...SULT OF A FAILURE TO REPORT ALL INTEREST AND DIVIDENDS, OR (C) THE IRS HAS NOTIFIED ME THAT I AM NO LONGER S... ... TO BACK-UP WITHHOLDING, AND (3) I AM A U.S. PERSON (INCLUDING A U.S. RESIDENT ALIEN).

(I UNDERSTAND THAT IF I HAVE BEEN NOTIFIED BY THE IRS THAT I AM SUBJECT TO BACK-UP WITHHOLDING AS A ... ...T OF DIVIDEND OR INTEREST UNDERREPORTING, AND I HAVE NOT RECEIVED A NOTICE FROM THE IRS ADVISING ME THAT ... ...-UP WITHHOLDING IS TERMINATED, I MUST STRIKE OR CROSS OUT THE INFORMATION CONTAINED IN ITEM 2 IN T... ... PARAGRAPH.)

THE IRS DOES NOT REQUIRE CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION R... ...ED TO AVOID BACK-UP WITHHOLDING.

*LIMITED LIABILITY COMPANIES ONLY - FOR FEDERAL TAX PURPOSES IF THE MEMBERS HAVE CHOSEN TO BE CLAS... ... AS AN ASSOCIATION TAXABLE AS A CORPORATION YOU MUST CHECK THE BOX TO THE LEFT OF THE WORD EXEMPT TO AV... ...MPT FROM BACKUP WITHHOLDING ON INTEREST AND DIVIDEND PAYMENTS. OTHERWISE, THE CLASSIFICATION WILL BE DEFA... ...D A PARTNERSHIP OR AS A SINGLE OWNER DISREGARDED AS AN ENTITY SEPARATE FROM ITS OWNER.

☐ EXEMPT (CLASSIFIED AS AN ASSOCIATION TAXABLE AS A CORPORATION).

C | ACCOUNTS OPENED

I HAVE APPLIED TO OPEN THE FOLLOWING ACCOUNTS:

☐ Asset ☐ Brokerage ☐ Investment Management ☒ Deposit ☐ Custody

D | PRE-DISPUTE ARBITRATION

By signing below, I acknowledge my agreement to arbitrate any controversies arising out of the Morgan ... Brokerage Agreements with JPMSI, in accordance with paragraph 6 of the Brokerage Agreement.

SIGN HERE ☒

ALL ACCOUNTHOLDERS ARE REQUIRED TO SIGN BELOW:
IF SIGNATURES ARE ON BEHALF OF ENTITY ACCOUNTHOLDER, PLEASE SPECIFY NAME OF ENTITY

☒ _____ _____ **GHISLAINE MAXWELL**
Signature (Accountholder)   Date   Print Name

☒ _____ _____ _____
Signature (Additional Accountholder)   Date   Print Name

☒ _____ _____ _____
Signature (Additional Accountholder)   Date   Print Name

☒ _____ _____ _____
Signature (Additional Accountholder)   Date   Print Name

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JPMorgan Account

Account type	Account number
Account type	Account number

Member/Date/Year

Social Security no. / Tax ID no. / Resident no.

Account title: **HYPERION AIR**

BAC #

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

Print (Accountholder/Signer, Trustee, Custodian, Director, etc.)		Facsimile signature, check box
HARRY BELLER	SIGN HERE X *(signature)*	
JEFFREY EPSTEIN	SIGN HERE X *(signature)*	
DARREN INDYKE	SIGN HERE X *(signature)*	
	SIGN HERE X	

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)

JPMorgan Account

Account type	Account number
Account type	Account number

Member/Date/Year

Social Security no. / Tax ID no. / Passport no.

Account title

BAC #

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

Print (Accountholder/Signer, Trustee, Custodian, Director, etc.)		Facsimile signature, check box
	SIGN HERE X	
Print (Joint Accountholder/Signer, Trustee, Custodian, Director, etc.)		Facsimile signature, check box
	SIGN HERE X	
Print (other)		Facsimile signature, check box
	SIGN HERE X	
Print (other)		Facsimile signature, check box
	SIGN HERE X	

Is this an existing account? ☐ yes ☐ no   If yes, does this card replace all other cards against this account? ☐ yes ☐ no

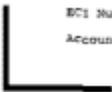Signing instructions (Please use back of card if necessary)

3862

Tracking ID

0827201213863

Submitted By: TIMOTHY ANDREWS (U709412)
Document Codes: 194
EC: Numbers:
Account Numbers: 000000739474332

The Chase Manhattan Bank

CHASE

BUSINESS SIGNATURE CARD

BRANCH COPY

CARD COMPLETION DATE	ACCOUNT NUMBER	BAC/PROFIT CENTER
7/17/02	1 3 4 1 1 5 8 4 4 6 5	0 1 3 4

DATE ACCOUNT OPENED

ACCOUNT TITLE ("DEPOSITOR")

MAY HOTEL Services Corp

TAXPAYER IDENTIFICATION NUMBER	NUMBER OF SIGNATURES REQUIRED		POA?	☐ YES ☐ NO
3 7 - 1 4 3 2 8 6 3	CHECKS ☑ NOTES ☑			

The Depositor certifies that it has reviewed the information contained in this Signature Card and the Business Account Application and finds it accurate on this date. The Depositor has received and agrees to the Terms and Conditions for Business Accounts and the Business Banking Card Agreement currently in effect and as may be amended for the type of account and services it has selected. The Depositor certifies that the (No.) _____ signature(s) presented below, including reverse side, is/are the signature(s) of the person(s) authorized to sign and/or act with respect to account transactions.

LINE OUT UNUSED SIGNATURE BOXES

PRINTED NAME	TITLE	SIGNATURE
DARREN R. INDYKE	PRESIDENT	X _(signature)_
GHISLAINE MAXWELL	Vice Pres	X _(signature)_
		X
		X

Under the penalty of perjury, the Depositor certifies (1) that the number shown on this form is its correct taxpayer identification number and (2) that the Depositor is not subject to backup withholding either because: (a) it is exempt from backup withholding, or (b) it has not been notified that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified it that the Depositor is no longer subject to backup withholding. **(If the Depositor has in fact been notified by the IRS that it is subject to backup withholding due to notified payee underreporting, please strike out the appropriate phrase within the certification.)**

X _(signature)_ X

Signature   Signature

Date: 7/12/02

THIS SECTION FOR CORPORATIONS ONLY

The undersigned Secretary of the Corporation hereby certifies that the above signatures are the signatures of persons authorized to sign and/or act on the Corporation's behalf with respect to account transactions.

Secretary X _(signature)_

Date: 7/12/02

☐ Check here if there are additional account signers on reverse side of BRANCH COPY.

THE ABOVE INFORMATION AND (NO.) _____ SIGNATURE(S) WERE VERIFIED BY:

Print Name _T. Jackson_   Initials _TJ_   Dept. No./Br. No.: 134

Retain card in branch for one year after account closes. Then send to Pawling for additional retention of five years.

039020* (4-00)   BRANCH COPY - DO NOT SEND TO CHECK REVIEW

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CHECK ACCOUNT ARRANGEMENT:	☐ Corporation ☐ Sole Proprietorship	☐ Partnership ☐ Estate	☐ Municipality ☐ Other_____	☐ Unincorporated Association

CHECK ACCOUNT TYPE:	☐ Checking ☐ MMA	☐ Checking with Interest ☐ Savings		

ADDITIONAL ACCOUNT SIGNERS - LINE OUT UNUSED SIGNATURE BOXES

PRINTED NAME	TITLE	SIGNATURE
		X
		X
		X
		X
		X

COMPLETE ADDITIONAL CARD TOP(S) IF THERE ARE MORE THAN NINE (9) SIGNERS (EXCLUDING POA) ON THE ACCOUNT.

POWER OF ATTORNEY INFORMATION (Not valid for Corporations and Municipalities)	DATE POWER OF ATTORNEY RECEIVED ____/____/____

POWER OF ATTORNEY NAME	POWER OF ATTORNEY SIGNATURE X
ADDRESS (Street and Number)	
CITY	STATE	ZIP CODE

Check Imaging or No Checks With Statement: The Depositor authorizes you not to return paid checks with its account statements. If the Depositor selected the Check Imaging option, the Depositor agrees to receive images (front only) of its paid checks. The Depositor agrees that the account statement will contain information about each check paid, including check number, dollar amount and date paid, thereby enabling a proper reconciliation of the account. Upon request, photocopies of checks will be provided. You will not retain original checks.

PRINTED NAME	TITLE	SIGNATURE

THIS SECTION FOR CORPORATIONS ONLY

The undersigned Secretary of the Corporation hereby certifies that the above signatures are the signatures of persons authorized to sign and/or act on the Corporation's behalf with respect to account transactions.

Secretary X		Date:

THE ABOVE INFORMATION AND (NO.)	SIGNATURE(S) (POA AND ADDITIONAL SIGNERS) WERE VERIFIED BY:	
Print Name	Initials	Dept. No./Br. No.:

Retain card in branch for one year after account closes. Then send to Pawling for additional retention of five years.
BRANCH COPY - DO NOT SEND TO CHECK REVIEW

039020* (4-00)

JPMorgan Account

Month/Date/Year | Social Security no. / Tax ID no. / Passport no.

Account title

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

Ghislaine Maxwell

SIGN HERE X

SIGN HERE X

SIGN HERE X

SIGN HERE X

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.)

JPMorgan Account

Month/Date/Year | Social Security no. / Tax ID no. / Passport no.

Account title

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

SIGN HERE X

SIGN HERE X

SIGN HERE X

SIGN HERE X

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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Comments

Date[mmddyyyy]
07272011

Box Number

Form Type = "CITADEL"

Doc Code	Doc Code	Doc Code	Doc Code	Account Numbers
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Account Numbers

403191997

JPMorgan Account

April 23, 2012   EIN- 45-5091884

Account title: TerraMar Project, Inc.

Ghislaine Maxwell   Chairman

Comments

Date[mmddyyyy]

04272012

Box Number

Form Type = "CITADEL"

Doc Code   Doc Code   Doc Code   Doc Code   Account Numbers

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Account Numbers

424613029

3011586988

JPMorgan Account

April 23, 2012   EIN· 45-5091884

Account title: **Terra Mar Project, Inc.**

All Account holders/Signers must sign this signature form exactly as the checks/transactions will be signed.

Print (Account holder/Signer, Trustee, Custodian, Director, etc.)	Title
Ghislaine Maxwell	Chairman

SIGN HERE X

If facsimile signature, check box ☒

SIGN HERE X   If facsimile signature, check box ☐

Print (same)   Title

SIGN HERE X   If facsimile signature, check box ☐

SIGN HERE X   If facsimile signature, check box ☐

Is this an existing account? ☐ yes ☒ no   If yes, does this card replace all prior cards against this account? ☐ yes ☐ no

Signing instructions (Please use back of card if necessary)

JPMorgan Account

All Account holders/Signers must sign this signature form exactly as the checks/transactions will be signed.

SIGN HERE X   If facsimile signature, check box ☐

SIGN HERE X   If facsimile signature, check box ☐

SIGN HERE X   If facsimile signature, check box ☐

SIGN HERE X   If facsimile signature, check box ☐

Is this an existing account? ☐ yes ☐ no   If yes, does this card replace all prior cards against this account? ☐ yes ☐ no

Signing instructions (Please use back of card if necessary)

194

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