

The Morgan Account
Application: Corporate/Partnership Information

J.P. MORGAN USE ONLY

US901 7/99

Title **Financial Trust Company, Inc.**

SPN **281138**

Banker/Investor **Jennifer Mitchell, Tad Smith**

A ACCOUNT INFORMATION	Title of Account Financial Trust Company, Inc.	Account Type: <input checked="" type="checkbox"/> Corporation Check if applicable: <input type="checkbox"/> Partnership <input type="checkbox"/> Not for Profit <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Foundation																																																		
B CORPORATE/PARTNERSHIP INFORMATION	Name of Corporation/Partnership/ Doing Business As Financial Trust Company, Inc. Contact Person* Title Jeffrey Epstein President <small>*Must be Authorized Person</small> Current Mailing Address c/o American Yacht Harbor 6100 Red Hook, Quarters #2 City State St. Thomas U.S. Virgin Islands Date of Incorporation/ Organization 11/6/98	Type of Business Internet Address Consulting	Telephone Fax [REDACTED] [REDACTED] Tax Identification Number (TIN) 66-0567418 Zip Code 00802 State of Incorporation/ Organization U.S. Virgin Islands																																																	
C SHAREHOLDER INFORMATION	<table border="1"> <tr> <td>Controlling Shareholder (Primary)</td> <td>% of Ownership</td> </tr> <tr> <td>Jeffrey Epstein</td> <td>100</td> </tr> <tr> <td>Controlling Shareholder</td> <td>% of Ownership</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Controlling Shareholder</td> <td>% of Ownership</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Controlling Shareholder</td> <td>% of Ownership</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Controlling Shareholder</td> <td>% of Ownership</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Controlling Shareholder</td> <td>% of Ownership</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Controlling Shareholder (Primary)	% of Ownership	Jeffrey Epstein	100	Controlling Shareholder	% of Ownership			Controlling Shareholder	% of Ownership			Controlling Shareholder	% of Ownership			Controlling Shareholder	% of Ownership			Controlling Shareholder	% of Ownership			<table border="1"> <tr> <td>Title</td> <td>Social Security Number/ TIN</td> </tr> <tr> <td>President</td> <td>[REDACTED]</td> </tr> <tr> <td>Title</td> <td>Social Security Number/ TIN</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Title</td> <td>Social Security Number/ TIN</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Title</td> <td>Social Security Number/ TIN</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Title</td> <td>Social Security Number/ TIN</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Title</td> <td>Social Security Number/ TIN</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Title	Social Security Number/ TIN	President	[REDACTED]	Title	Social Security Number/ TIN			Title	Social Security Number/ TIN			Title	Social Security Number/ TIN			Title	Social Security Number/ TIN			Title	Social Security Number/ TIN		
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The Morgan Account
Application: Asset Account

J.P. MORGAN USE ONLY

US902 2/99

Title **Financial Trust Company, Inc.**

SPN **281138**

Asset Acct No. **5001**

A SWEEP OPTIONS

SWEEP OPTIONS (PLEASE SELECT ONE):

- J.P. Morgan Deposit Account
(Only for Natural Persons or Not for Profit)
- J.P. Morgan Prime Money Market Sweep Fund
- J.P. Morgan Tax Exempt Money Market Sweep Fund
- J.P. Morgan Federal Money Market Sweep Fund
- American Century California Tax-Free Money Market Sweep Fund
(For California Residents ONLY)

B LINE OF CREDIT

I HEREBY APPLY FOR A LINE OF CREDIT SECURED BY MY ASSET ACCOUNT UNLESS I CHECK THE BOX BELOW (CREDIT IS NOT AVAILABLE FOR IRAS):

No, I do not request a Line of Credit.

PLEASE SELECT A PRINCIPAL REPAYMENT OPTION FOR THE LINE OF CREDIT:

- Pay in full each day to the extent that funds are available in my Asset Account.
- Pay in full monthly on last business day to the extent funds are available in my Asset Account.
- Pay at my request.

(In any event, all outstanding advances under my Line of Credit are payable upon demand.)

C CHECKS

PLEASE COMPLETE THIS SECTION FOR ASSET ACCOUNT CHECKS (CHECKS ARE NOT AVAILABLE FOR IRAS):

Check Style:

- Newport Desk Book
- Personal Wallet
- Computer Checks

Checks will be imprinted with Title of Account as it appears on the first page of this Application.

Please include my address as it appears on the first page of this Application.

Alternate Check Delivery Address:

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Country _____

Custody for the Asset Account is with Morgan Guaranty Trust Company of New York

The Asset Account Line of Credit and cash deposits are with Morgan Guaranty Trust Company of New York.

**The Morgan Account
Application: Signature Page**

J.P. MORGAN USE ONLY

US907 2/99

Title **Financial Trust Company, Inc.**

SPN **281138**

Accounts Opened: ASSET PAAS BROKERAGE
 DDA MMIA MARGIN IM

THIS APPLICATION MUST BE COMPLETED BEFORE J.P. MORGAN WILL BE ABLE TO PROVIDE FINANCIAL SERVICES. IF ANY SECTION IS INCOMPLETE, YOU WILL CONTACT ME TO OBTAIN ADDITIONAL INFORMATION. YOU WILL SEND ME A COMPLETED COPY OF THE APPLICATION, AND I MUST NOTIFY YOU OF ANY INACCURACIES WITHIN 10 DAYS OF YOUR SENDING ME A COMPLETED COPY. I MUST ALSO NOTIFY YOU OF ANY FUTURE CHANGES TO THIS INFORMATION. ABSENT NOTIFICATION, THE INFORMATION CONTAINED IN THIS FORM WILL BE DEEMED ACCURATE AND COMPLETE.

**A J.P. MORGAN
AGREEMENT**

The General Terms and Agreements for Accounts and Services along with this Application and any additional Product Agreements, Fee Schedules, Disclosures and Supplemental Forms comprise the Agreement between you and me.

By signing this Application, I acknowledge that I have read and agreed to all the various documents, including but not limited to, the General Terms and Agreements for Accounts and Services, Product Agreements, Fee Schedules and Disclosures which comprise the Agreements between ourselves.

I understand that you do not give tax or legal advice, and that I am advised to consult a lawyer or tax advisor about tax, legal, and estate-planning issues affecting my accounts, including the way accounts are titled.

B TAX CERTIFICATION

I CERTIFY, AS THE ACCOUNTHOLDER SIGNING BELOW AND UNDER PENALTIES OF PERJURY, THAT (1) THE NUMBER SHOWN ON THIS APPLICATION IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER, AND (2) THAT I AM NOT SUBJECT TO BACK-UP WITHHOLDING EITHER BECAUSE I HAVE NOT BEEN NOTIFIED THAT I AM SUBJECT TO BACK-UP WITHHOLDING AS A RESULT OF A FAILURE TO REPORT ALL INTEREST AND DIVIDENDS, OR THE INTERNAL REVENUE SERVICE ("IRS") HAS NOTIFIED ME THAT I AM NO LONGER SUBJECT TO BACK-UP WITHHOLDING.

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

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

**C ACCOUNTS
OPENED**

I HAVE APPLIED TO OPEN THE FOLLOWING ACCOUNTS:
 Asset Brokerage Investment Management Deposit

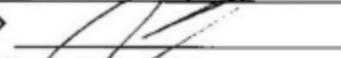
**D PRE-DISPUTE
ARBITRATION**

By signing below, I acknowledge my agreement to arbitrate any controversies arising out of the Margin or 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:

Financial Trust Company, Inc.

<input checked="" type="checkbox"/>		8/11/99	Jeffrey Epstein
	Signature (Accountholder)	Date	Print Name
<input checked="" type="checkbox"/>	_____	_____	_____
	Signature (Additional Accountholder)	Date	Print Name
<input checked="" type="checkbox"/>	_____	_____	_____
	Signature (Additional Accountholder)	Date	Print Name
<input checked="" type="checkbox"/>	_____	_____	_____
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