
Prohibition of Re-Disclosure

ClaimFox, Inc. makes every effort possible to protect our clients' confidential claimant information. As claims files may contain a portion of the claimant's medical record, ClaimFox follows the same standards and guidelines set forth for releasing patient medical records, as outlined in the HIPAA Security and Privacy Act.

The attached or enclosed information may have been disclosed to you from records whose privacy is protected from disclosure by federal and state law including, as applicable, 45 CFR Part 160 (HIPAA), 42 CFR Part 2 (alcohol and drug treatment) and other state laws. The applicable law or laws may prohibit you from making any further disclosure without the specific written authorization by the individual to whom it pertains or their authorized representative, or as otherwise permitted or required by law. A general authorization for release of information is not sufficient for this purpose unless it conforms to the specific requirements of the applicable law or laws. Further disclosure not in accordance with applicable federal and state law may result in civil and/or criminal penalties.

Based upon guidelines outlined by the American Health Information Management Association, these records should be destroyed after the stated need has been fulfilled.

All claims files that have been disclosed to you have been carefully reviewed to assure that proper disclosure is made only to the authorized requestor.

If you have any questions, please contact ClaimFox at:

Toll Free: (844) CLAIMFOX

Direct: (631) 205-1200 Ext 555

inquiry@claimfox.com

13 13

ORIGIN ID: FIDA
FBI
FEDERAL BUREAU OF INVESTIGATION
26 FEDERAL PLAZA
NEW YORK, NY 10278
UNITED STATES US

SHIP DATE: 1 DEC 19
ACTWGT: 0.15 LB
CAD: 0047623/CAF23211

BILL SENDER

TO SUBPOENA PROCESSING
USAA FEDERAL SAVINGS BANK
10750 MCDERMOTT FREEWAY
SAN ANTONIO TX 78288

551C218D0104C

REF: USAA FEDICES

DEPT: M. LUBINIC30



THU - 12 DEC 3:00P
STANDARD OVERNIGHT

TRK# 1369 8675 1151
0201

DSR
78288
TX-US SAT

XH USXA



PLEASE
DO NOT
REMOVE
THIS LABEL



1. Fold this return page along the horizontal line.
2. Place label in shipping pouch and affix it to your shipment.

Align bottom of pouch and affix to your shipment.



U.S. Department of Justice

*United States Attorney
Southern District of New York*

*The Silvio J. Mollo Building
One Saint Andrew's Plaza
New York, New York 10007*

December 11, 2019

USAA Federal Savings Bank / USAA Savings Bank
10750 McDermott Freeway
San Antonio, TX 78288

Re: Grand Jury Subpoena

Please be advised that the accompanying grand jury subpoena has been issued in connection with an official criminal investigation of a suspected felony being conducted by a federal grand jury. The Government hereby requests that you voluntarily refrain from disclosing the existence of the subpoena to any third party. While you are under no obligation to comply with our request, we are requesting you not to make any disclosure in order to preserve the confidentiality of the investigation and because disclosure of the existence of this investigation might interfere with and impede the investigation.

Thank you for your cooperation in this matter.

Very truly yours,

GEOFFREY S. BERMAN
United States Attorney

By:

Assistant United States Attorney
Southern District of New York

Grand Jury Subpoena

United States District Court
SOUTHERN DISTRICT OF NEW YORK

TO: USAA Federal Savings Bank / USAA Savings Bank
10750 McDermott Freeway
San Antonio, TX 78288

GREETINGS:

WE COMMAND YOU that all and singular business and excuses being laid aside, you appear and attend before the GRAND JURY of the people of the United States for the Southern District of New York, at the United States Courthouse, 40 Foley Square, Room 220, in the Borough of Manhattan, City of New York, New York, in the Southern District of New York, at the following date, time and place:

Appearance Date: December 27, 2019 Appearance Time: 10 a.m.

to testify and give evidence in regard to alleged violations of federal criminal law, including: 18 U.S.C. § 2423(a)

and not to depart the Grand Jury without leave thereof, or of the United States Attorney, and that you bring with you and produce at the above time and place the following:

SEE ATTACHED RIDER. **Personal appearance is not required** if the requested records are (1) produced by on or before the return date to Special Agent [REDACTED] Federal Bureau of Investigation, 26 Federal Plaza, New York, NY 10278, telephone [REDACTED] and (2) accompanied by an executed copy of the attached Declaration of Custodian of Records. **Please contact Forensic Accountant [REDACTED] a [REDACTED] with any questions.**

Failure to attend and produce any items hereby demanded will constitute contempt of court and will subject you to civil sanctions and criminal penalties, in addition to other penalties of the Law.

DATED: New York, New York
December 11, 2019


GEOFFREY S. BERMAN
*United States Attorney for the
Southern District of New York*


[REDACTED]
Assistant United States Attorney
One St. Andrew's Plaza
New York, New York 10007
Telephone: [REDACTED]
[REDACTED]



RIDER

(Grand Jury Subpoena to USAA Federal Savings Bank / USAA Savings Bank,
dated December 11, 2019)

Please provide from inception to the present any and all records pertaining to the following accounts(s)/organization(s)/individuals(s), whether held jointly or severally or as trustee or fiduciary as well as custodian, executor, or guardian. Please provide all images of documents in Adobe PDF files on CDs.

A. Please use the following identifiers:

NAME	GHISLAINE MAXWELL TERRAMAR PROJECT INC. ELLMAX LLC MAX FOUNDATION MAX HOTEL SERVICES CORP
DOB	[REDACTED]
SSN	[REDACTED]
ADDRESS	[REDACTED] BOSTON, MA [REDACTED] NEW YORK, NY
PHONE	[REDACTED]
EMAIL	[REDACTED]
ACCOUNT NUMBER	[REDACTED]

B. Records to be produced should include but are not limited to the items listed below:

1. Documents (checks, debit memos, cash in tickets, wires in, wires out, etc.) reflecting additions and/or subtractions to the account and how the account balances are being satisfied on a monthly basis;
2. Signature cards;
3. Proof of identification (including but not limited to copies of identification used to open the account);

4. Location of withdrawals
5. Opening account(s) documents with attachments, including any and all applications, internal documents generated to open account(s), and identification information or other documentation provided by Customer;
6. "Know your customer" documentation;
7. Wire transfer records (incoming and outgoing, and any and all applications and instructions);
8. Safe deposit records, including applications, signature cards, and sign-in records;
9. Trust accounts;
10. Monthly statements;
11. Credit card statements;
12. Bank, travelers, or cashier checks drawn on account or purchased with an account check;
13. Prepaid debit cards, certified checks, cashiers' checks, money orders, and traveler's checks;
14. Loan, lease, and/or mortgage application files (whether granted or denied) including credit reports, applications, and payments made on loans;
15. Any and all corporate resolutions, certifications of incorporation, business certificates and/or partnership agreements;
16. Online banking information- All information regarding the electronic use of banking systems to include the following: username, registration IP address, online account creation date, online account status and IP logs/history, MAC addresses and online session times and duration; and
17. Any and all correspondence, electronic or otherwise, including memoranda, emails and text messages, that reference or concern items (1) through (16), above, and/or any financial interests involving the individuals and/or entities identified in Section A.

N.B.: Personal appearance is not required if the requested records are (1) produced by on or before the return date to Special Agent [REDACTED], Federal Bureau of Investigation, 26 Federal Plaza, New York, NY 10278, telephone [REDACTED] and (2) accompanied by an executed copy of the attached Declaration of Custodian of Records. PLEASE PROVIDE IN ELECTRONIC FORMAT IF POSSIBLE.

Please contact Forensic Accountant [REDACTED] at [REDACTED] with any questions.

IMPORTANT: REQUEST FOR NON-DISCLOSURE

Due to the ongoing nature of the investigation, it is requested that you do not disclose any information relating to this Grand Jury subpoena request to any third party.

Declaration of Custodian of Records

Pursuant to 28 U.S.C. § 1746, I, the undersigned, hereby declare:

My name is _____
 (name of declarant)

I am a United States citizen and I am over eighteen years of age. I am the custodian of records of the business named below, or I am otherwise qualified as a result of my position with the business named below to make this declaration.

I am in receipt of a Grand Jury Subpoena, dated December 11, 2019, and signed by Assistant United States Attorney [REDACTED], requesting specified records of the business named below. Pursuant to Rules 902(11) and 803(6) of the Federal Rules of Evidence, I hereby certify that the records provided herewith and in response to the Subpoena:

- (1) were made at or near the time of the occurrence of the matters set forth in the records, by, or from information transmitted by, a person with knowledge of those matters;
- (2) were kept in the course of regularly conducted business activity; and
- (3) were made by the regularly conducted business activity as a regular practice.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
 (date)

 (signature of declarant)

 (name and title of declarant)

 (name of business)

 (business address)

Definitions of terms used above:

As defined in Fed. R. Evid. 803(6), "record" includes a memorandum, report, record, or data compilation, in any form, of acts, events, conditions, opinions, or diagnoses. The term, "business" as used in Fed. R. Evid. 803(6) and the above declaration includes business, institution, association, profession, occupation, and calling of every kind, whether or not conducted for profit.



U.S. Department of Justice

*United States Attorney
Southern District of New York*

*The Silvio J. Mollo Building
One Saint Andrew's Plaza
New York, New York 10007*

Dear Sir/Madam:

This letter describes the procedure for requesting reimbursement for subpoenaed records.

12 CFR part 219 (subpart A), issued by the Board of Governors of Federal Reserve System under section 1115 of the Right to Financial Privacy Act (12 U.S.C. 3415), sets the rates and conditions for reimbursement of costs directly incurred by financial institutions in assembling or providing customer financial records to a government authority pursuant to the Act. No costs are reimbursable if the records are those of a corporation or a partnership comprised of more than five individuals.

If reimbursement is authorized, and the estimated billing to the government will exceed \$500, advance permission is necessary from [REDACTED] at [REDACTED]

If the subpoenaed records indicated on the rider are eligible for reimbursement, please complete section B of the enclosed form OBD-211, which will serve as your invoice, and return it with a copy of the subpoena to the following address:

U.S. Attorney's Office - SDNY
Accounts Payable
86 Chambers Street, 3rd floor
New York, NY 10007

Please send your invoice to the above address within 60 days of the submission of the subpoenaed records. If no invoice is received within 120 days, funds will not be available to pay the invoice.

Thank you,
Account Payable Department
[REDACTED]

Enclosure: OBD- 211

FORM OBD 211 - INSTRUCTIONS

ATTORNEYS:

1. Fill in blocks 2, 3, 4 (name only), 8, 9, and 10.
2. Mail the subpoena and the OBD 211 to the financial institution.
3. Send a copy of the OBD 211 and the subpoena to Anthony Baker in the Budget Office.

FINANCIAL OFFICIAL COMPLETE THE FOLLOWING:

1. Complete block 4.
2. Either complete block 11 or write "see attached invoice" and attach to the OBD 211.
3. Blocks 12 and 13 must be completed. Note carefully the certification.
4. Send completed OBD 211 and attached invoice, if applicable, to:

U.S. Attorney's Office - SDNY
Accounts Payable
86 Chambers Street - 3rd Floor
New York, NY 10007

Form OBD 211

U.S. Department of Justice Request for Financial Information (Authorization, Purchase Order, Receiving Report)

This form shall only be used when requesting financial records of individuals and partnerships of five or fewer individuals.

1 Purchase Order Number/DC Number	2 Date Order Prepared:	3 Case Number: 2019R01188
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Section A — Authorization and Purchase Order

4 Name and Address of Financial Institution/Tax ID #/Name & Phone # of Contact Person
SunTrust Bank

5 Deliver To: See attached subpoena for delivery instructions. **6 Return Date:** See attached.

7 Remarks/Invoice # Account Number: 1. If reimbursement is authorized, and the estimated billing to the government will exceed \$500, advance permission is necessary from [REDACTED]
2. See attached subpoena and rider for account information and delivery instructions.

8 Name of Requestor/Assistant U.S. Attorney [REDACTED]	9 Telephone Number: [REDACTED]	10 Date of Request: 12/11/19
--	--	--

Section B — Financial Institution Invoice

No Payment Shall Be Made Unless Expenses Are Itemized Below Or On Your Form To Be Attached.

11 Service/Financial Records Provided: 11a Billed To:	Quantity	Unit Price		Amount
		Cost	Per	
I hereby certify that the services above were not performed relative to any corporation, joint ventures, etc., and pertain only to accounts (checking, savings, share, loan, or credit card) of individual(s) or partnership(s) of five or fewer partners.				

12 Signature of Financial Institution Official:	13 Date Signed:	Total Amount Claimed By Financial Institution:
--	------------------------	---

Section C — Receiving Report

14 I certify that the articles and services listed were received:	15 Date Received	16 Disallowance
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<p>18 Right to Financial Privacy Act — Public Law 95-630 (12 U.S.C. 3401-3422) Request Pursuant To: <i>(Check One Only)</i></p> <table style="width:100%;"> <tr> <td style="width:10%;"><input type="checkbox"/> 3404</td> <td style="width:40%;">Customer Authorization</td> <td style="width:10%;">2540</td> </tr> <tr> <td><input type="checkbox"/> 3405</td> <td>Administrative Subpoena or Summons</td> <td>2541</td> </tr> <tr> <td><input type="checkbox"/> 3406</td> <td>Search Warrant</td> <td>2542</td> </tr> <tr> <td><input type="checkbox"/> 3407</td> <td>Judicial Subpoena</td> <td>2543</td> </tr> <tr> <td><input type="checkbox"/> 3408</td> <td>Formal Written Request</td> <td>2544</td> </tr> <tr> <td><input type="checkbox"/> 3413</td> <td>Grand Jury Subpoena</td> <td>2545</td> </tr> <tr> <td><input type="checkbox"/> 3414</td> <td>Special Procedures</td> <td>2546</td> </tr> </table>	<input type="checkbox"/> 3404	Customer Authorization	2540	<input type="checkbox"/> 3405	Administrative Subpoena or Summons	2541	<input type="checkbox"/> 3406	Search Warrant	2542	<input type="checkbox"/> 3407	Judicial Subpoena	2543	<input type="checkbox"/> 3408	Formal Written Request	2544	<input type="checkbox"/> 3413	Grand Jury Subpoena	2545	<input type="checkbox"/> 3414	Special Procedures	2546	<p>19 Signature of Approving Official</p> <hr/> <p>20 Accounting Classification Code</p> <table style="width:100%; text-align: center;"> <tr> <th>FY</th> <th>FC</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>PROJ</th> </tr> <tr> <td> </td> </tr> </table> <p>21 Schedule and Voucher Number</p>	FY	FC	1	2	3	4	5	PROJ								
<input type="checkbox"/> 3404	Customer Authorization	2540																																				
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Declaration of Custodian of Records

Pursuant to 28 U.S.C. § 1746, I, the undersigned, hereby declare:

My name is Isabel Luna
(name of declarant)

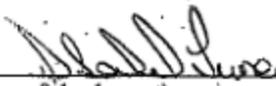
I am a United States citizen and I am over eighteen years of age. I am the custodian of records of the business named below, or I am otherwise qualified as a result of my position with the business named below to make this declaration.

I am in receipt of a Grand Jury Subpoena, dated December 11, 2019, and signed by Assistant United States Attorney [REDACTED] requesting specified records of the business named below. Pursuant to Rules 902(11) and 803(6) of the Federal Rules of Evidence, I hereby certify that the records provided herewith and in response to the Subpoena:

- (1) were made at or near the time of the occurrence of the matters set forth in the records, by, or from information transmitted by, a person with knowledge of those matters;
- (2) were kept in the course of regularly conducted business activity; and
- (3) were made by the regularly conducted business activity as a regular practice.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 19, 2019
(date)



(signature of declarant)

Isabel Luna

(name and title of declarant)

USAA Federal Savings Bank

(name of business)

10750 McDermott Freeway, San Antonio, Texas 78288

(business address)

Definitions of terms used above:

As defined in Fed. R. Evid. 803(6), "record" includes a memorandum, report, record, or data compilation, in any form, of acts, events, conditions, opinions, or diagnoses. The term, "business" as used in Fed. R. Evid. 803(6) and the above declaration includes business, institution, association, profession, occupation, and calling of every kind, whether or not conducted for profit.

Form Code: 82706
Member Number: 007813821

Date Recieved: 04/15/2012 07:37:54 AM
Address: [REDACTED]
Email: [REDACTED]
Subject: Online Application For: 007813821

FraudPhoneIndicator = No
FraudEmployerIndicator = No
FraudAddressIndicator = No
RecommendedApplicationAction = PROCEED
AppSubmitter = Member

PrimaryAppName = SCOTT<>G<>BORGERSON<>
PrimaryAppAddrLine1 = [REDACTED]
PrimaryAppCity = [REDACTED]
PrimaryAppState = [REDACTED]
PrimaryAppZip = [REDACTED]
PrimaryAppSSN = [REDACTED]
PrimaryAppDOB = [REDACTED]
PrimaryAppPriEmailAddr = [REDACTED]
PrimaryAppPhysAddrLine1 = [REDACTED]
PrimaryAppPhysAddrCity = [REDACTED]
PrimaryAppPhysAddrState = [REDACTED]
PrimaryAppPhysAddrZip = [REDACTED]
PrimaryAppPhysAddrCountry = USA
PrimaryAppCountryofCitizenship = U.S.
PrimaryAppUSCitizen = Yes

DepositAccountType = USAA Four Star Checking Account
DebitRewardType = NR
WantDirectDeposit = No
NewAccountNumber = [REDACTED]
FundingMethod = Initial Funds Transfer
FundDepositTransferUSAAFundsAcctNbr = [REDACTED]
FundingAccountNumber = [REDACTED]
TotalFundingAmount = 1000.00
CheckingFundingAmount = 1000.00

WantWebBillPay = No
WBPEmailFlag = No
WBPTermsConditionsFlag = N
WantOverdraftProtection = Yes
OverdraftProtectionAccountType = Performance First Savings
OverdraftProtectionAccountNbr = [REDACTED]
OverdraftDisplayAcctNum = [REDACTED]
WantDebitOrATMCard = Yes
OriginationState = TX
ResponsibleState = TX
StateCd_TaxWH = MA
ApplicationType = Individual
NbrCoApplicant = 0



SCOTT BORGERSON
 OR GHISLAINE MAXWELL
 301 SUMMER ST
 MANCHESTER MA 01944-1540

0
16

ACCOUNT NUMBER	ACCOUNT TYPE	STATEMENT PERIOD
[REDACTED]	USAA CLASSIC CHECKING	10/16/18 - 11/16/18

BALANCE LAST STATEMENT	NO OF DEBITS PAID	TOTAL AMOUNT OF DEBITS PAID	NO. OF DEP	TOTAL AMOUNT OF DEPOSITS MADE	SERVICE CHARGES	BALANCE THIS STATEMENT
78,894.52	11	23,849.47	2	40.53	.00	55,085.58

Please examine immediately and report if incorrect. If no report is received within 60 days, the account will be considered correct.

	TOTAL NONSUFFICIENT FUNDS (NSF) FEES	TOTAL OVERDRAFT (OD) FEES
THIS STATEMENT	0.00	0.00
THIS YEAR'S STATEMENTS	0.00	0.00

Note: Fee reversals/refunds made by USAA will not reduce the totals on this chart.

DEPOSITS AND OTHER CREDITS

DATE.....AMOUNT.TRANSACTION DESCRIPTION
 10/22 40.00 DEPOSIT @ MOBILE
 11/16 0.53 INTEREST PAID

CHECKS

DATE..CHECK NO.....AMOUNT DATE..CHECK NO.....AMOUNT
 10/18 995328 10.00 11/09 995332* 10.00

OTHER DEBITS

DATE.....AMOUNT.TRANSACTION DESCRIPTION
 10/17 49.99 ACH DEBIT 101718
 USAA.COM PAY INT LIFE *****1739
 10/24 16,779.15 USAA CREDIT CARD PMT
 CREDIT CARD ENDING IN 8171
 10/29 188.55 USAA INSURANCE PAYMENT
 10/30 381.89 ACH DEBIT [REDACTED]
 NATIONAL GRID ONLINE PMT *****4POS
 11/01 205.10 USAA FUNDS TRANSFER DB
 TO Scott Borgerson
 CHECKING [REDACTED] CONF# 1753290933
 11/01 5,500.00 USAA FUNDS TRANSFER DB
 TO Scott Borgerson
 CHECKING [REDACTED] CONF# 1753291865
 11/06 276.97 ACH DEBIT 110618
 COMCAST ONLINE PMT *****4POS
 11/14 197.82 ACH DEBIT 111418
 COMCAST ONLINE PMT *****4POS
 11/16 250.00 USAA FUNDS TRANSFER DB
 TO Scott Bor [REDACTED]
 CHECKING [REDACTED] CONF# 1773324279





SCOTT BORGERSON
OR GHISLAINE MAXWELL
301 SUMMER ST
MANCHESTER MA 01944-1540

.
0
16

ACCOUNT NUMBER	ACCOUNT TYPE	STATEMENT PERIOD
[REDACTED]	USAA CLASSIC CHECKING	10/16/18 - 11/16/18

ACCOUNT BALANCE SUMMARY

DATE.....	BALANCE	DATE.....	BALANCE
10/16	78,894.52	10/30	61,524.94
10/17	78,844.53	11/01	55,819.84
10/18	78,834.53	11/06	55,542.87
10/22	78,874.53	11/09	55,532.87
10/24	62,095.38	11/14	55,335.05
10/29	61,906.83	11/16	55,085.58

***** INTEREST PAID INFORMATION *****
 YOUR INTEREST PAID WAS CALCULATED USING YOUR DAILY BALANCE FOR
 31 DAYS FOR AN ANNUAL PERCENTAGE YIELD EARNED OF 0.01%. THIS
 BRINGS YOUR YTD INTEREST PAID TO 3.44.



Account: PAYMENT		PLEASE POST THIS CHECK TO THE CORRECT ACCOUNT		\$10.00
NON-FEDERAL MEMBER		Please Direct Any Questions To 800-314-2337 Online Bill Payment Processing Center		
MEMBER INFORMATION		October 04, 2018		
USA FEDERAL SAVINGS BANK		DOLLARS		
Pay TO THE ORDER OF		\$ *****10.00		
TO THE ORDER OF USGS ACADEMY ALUMNI ASSOCIATION INC 47 WHELAN AVE NEW LONDON, CT 06320 8111 [MICR LINE]		VOID AFTER 180 DAYS Signature On File This check has been authorized by your depositor		

Check: [REDACTED] Amount: 10.00

Account: PAYMENT		PLEASE POST THIS CHECK TO THE CORRECT ACCOUNT		\$10.00
NON-FEDERAL MEMBER		Please Direct Any Questions To 800-314-2337 Online Bill Payment Processing Center		
MEMBER INFORMATION		November 02, 2018		
USA FEDERAL SAVINGS BANK		DOLLARS		
Pay TO THE ORDER OF		\$ *****10.00		
TO THE ORDER OF USGS ACADEMY ALUMNI ASSOCIATION INC 47 WHELAN AVE NEW LONDON, CT 06320 8111 [MICR LINE]		VOID AFTER 180 DAYS Signature On File This check has been authorized by your depositor		

Check: [REDACTED] Amount: 10.00

