

KYC Case # : **01133113**

Status : **6. Approved**

**One sheet must be established per relationship - list all accounts included in the relationship**

| 1. Relationship Details   |   |   |  |
|---|---|---|--|
| Relationship Name:  | EPSTEIN, JEFFREY RELATIONSHIP:00000483290   | Booking Center:                                 | New York   |
| Relationship Manager:   | Paul Morris   |   |  |
| Relationship to PWM:  | <input type="checkbox"/> New PWM Relationship   |   | <input type="checkbox"/> Existing PWM Relationship   |
|   | If existing, please indicate since when the relationship exists, provide reason for new profile and attach old profile: |   |  |
| How Was the Client(s) Introduced? How long has the RM personally known the client?  | <input type="checkbox"/> Client Referral  | <input checked="" type="checkbox"/> RM Prospect | <input type="checkbox"/> Intermediary/FIM  |
|   | <input type="checkbox"/> Other Source (CIB, etc.)   |   |  |
| Please provide details (e.g. name of referral source, how many years RM personally has known client, etc.): Jeffrey Epstein is a current client of the Bank. Wants to open a new account. Introduction details of Paul and Jeffrey: Jeffrey Epstein was a client of Paul's at JP Morgan. Paul and Jeffrey Epstein had a mutual friend/colleague who introduced them while Paul was at JPMorgan. Over the course of a few meetings Paul was able to get Jeffrey to bring some of his funds over to Deutsche Bank |   |   |  |
| Does Deutsche Bank pay a retrocession or similar compensation to a third party for the introduction of this relationship?   | <input type="checkbox"/> Yes  |   | <input checked="" type="checkbox"/> No   |
|   | (If Yes, describe):   |   |  |
| List all existing and new accounts involved in this relationship  |   |   |  |
|   | Legal Entity Account(s)   | Account Name / Number                           | Opening Date (intended/actual)   |
| 1   | <input checked="" type="checkbox"/>   | Butterfly Trust -- Checking                     | 10/9/2013  |
| 2   | <input checked="" type="checkbox"/>   | Butterfly Trust -- Money Market                 | 10/9/2013  |
| Who is the primary contact person for the RM? (Note: This person needs to have signatory rights and/or information right for the accounts.):  | Darren Indyke   |   | Preferred method of contact (indicate phone no., fax no., e-mail address, etc.):  |

One sheet must be established for each account to be opened

| 2. Account Ownership Summary  |  |                                     |   |                                     |  |                                     |                                     |                          |                              |   |                          |                          |                          |  |
|---|--|-------------------------------------|---|-------------------------------------|--|-------------------------------------|-------------------------------------|--------------------------|------------------------------|---|--------------------------|--------------------------|--------------------------|--|
| Account Name:   |  |                                     | Butterfly Trust -- Checking   |                                     |  |                                     |                                     |                          |                              | Acct. Number (if available):  |                          |                          |                          |  |
| Account Manager:  |  |                                     | Paul Morris   |                                     |  |                                     |                                     |                          |                              |   |                          |                          |                          |  |
| What is the purpose of the account (e.g. portfolio management, advisory account, custody services, long-term investment, payment/expense account)? This is a checking account to hold funds for the trust.  |  |                                     |   |                                     |  |                                     |                                     |                          |                              |   |                          |                          |                          |  |
| Indicate from where the assets are expected to arrive?  |  |                                     |   |                                     |  |                                     |                                     |                          |                              |   |                          |                          |                          |  |
| <input type="checkbox"/> DB Group: Same Booking Center (indicate account number):<br><input type="checkbox"/> DB Group: Other Booking Center (indicate DB location and account details):<br><input checked="" type="checkbox"/> Other Institution (Indicate name & location): JPMorgan. New York, NY<br><input type="checkbox"/> Physical Deposits (specify cash, securities, cheques, ...):  |  |                                     |   |                                     |  |                                     |                                     |                          |                              |   |                          |                          |                          |  |
| What is the expected size and frequency of regular inflows and outflows for the account (indicate estimated number and volume per month)? Roughly 5-10 inflows and outflows per month ranging from \$1,000 to \$20,000  |  |                                     |   |                                     |  |                                     |                                     |                          |                              |   |                          |                          |                          |  |
| What is the expected volume of assets and currency for the account approx. 90 days after opening?   |  |                                     | 4,000,000.00  |                                     |  |                                     | Currency                            |                          | USD                          |   |                          |                          |                          |  |
| What is the expected volume of assets and currency for the account approx. one year after opening?  |  |                                     | 5,000,000.00  |                                     |  |                                     | Currency                            |                          | USD                          |   |                          |                          |                          |  |
| Does/will the client have Assets Under Management (AuM) within DB under Eur. 3M?  |  |                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |  |                                     |                                     |                          |                              |   |                          |                          |                          |  |
| <b>Please list all parties related to the account.</b><br>For each party:<br>• Check if a source of wealth description is required for the party.<br>• Check the appropriate box to describe the relationship of the party to this account (> 1 can be selected).<br>• If none of the check boxes apply, describe the party's relation to the account in the "Other" column.<br>• Always describe the relationship between the parties in the last column.<br>• Please drill down to the ultimate/underlying Beneficial Owner(s). |  |                                     |   |                                     |  |                                     |                                     |                          |                              |   |                          |                          |                          |  |
| Legal Entity  | Description of Source of Wealth required | Parties related to this account     | Account Holder  | PIC Owner                           | Settlor of Trust / Founder of Foundation | Ultimate Beneficial Owner           | Signatory or Full POA               | Limited POA              | Financial Intermediary (FIM) | Significant Shareholder (>=25%) Non-PIC entity (indicate ownership %) | Legal Representative     | Grantor/Settlor          | Founding Donor           | Other (please describe other roles and/or indicate relationship between parties) |
| 1   | <input type="checkbox"/>                 | <input checked="" type="checkbox"/> | Jeffrey Epstein   | <input type="checkbox"/>            | <input type="checkbox"/>                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grantor;   |
| 2   | <input checked="" type="checkbox"/>      | <input checked="" type="checkbox"/> | Butterfly Trust   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 3   | <input type="checkbox"/>                 | <input type="checkbox"/>            | Richard Kahn  | <input type="checkbox"/>            | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trustee;;  |
| 4   | <input type="checkbox"/>                 | <input type="checkbox"/>            | Darren Indyke   | <input type="checkbox"/>            | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trustee;;  |
| 5   | <input type="checkbox"/>                 | <input type="checkbox"/>            |   | <input type="checkbox"/>            | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beneficiary;   |
| 6   | <input type="checkbox"/>                 | <input type="checkbox"/>            |   | <input type="checkbox"/>            | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beneficiary;   |
| 7   | <input type="checkbox"/>                 | <input type="checkbox"/>            |   | <input type="checkbox"/>            | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beneficiary;   |
| 8   | <input type="checkbox"/>                 | <input type="checkbox"/>            |   | <input type="checkbox"/>            | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beneficiary;   |
| 9   | <input type="checkbox"/>                 | <input type="checkbox"/>            | Ghislaine Maxwell   | <input type="checkbox"/>            | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beneficiary;   |
| 10  | <input type="checkbox"/>                 | <input type="checkbox"/>            |   | <input type="checkbox"/>            | <input type="checkbox"/>                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beneficiary;   |

| 2. Account Ownership Summary  |                                     |  |                                 |                                     |                          |  |                           |   |                          |                              |   |                          |                              |                          |  |
|---|-------------------------------------|--|---------------------------------|-------------------------------------|--------------------------|--|---------------------------|---|--------------------------|------------------------------|---|--------------------------|------------------------------|--------------------------|--|
| Account Name:   |                                     |  | Butterfly Trust -- Money Market |                                     |                          |  |                           |   |                          |                              |   |                          | Acct. Number (if available): |                          |  |
| Account Manager:  |                                     |  | Paul Morris                     |                                     |                          |  |                           |   |                          |                              |   |                          |                              |                          |  |
| What is the purpose of the account (e.g. portfolio management, advisory account, custody services, long-term investment, payment/expense account)? Money Market account. To hold cash for the trust to earn interest  |                                     |  |                                 |                                     |                          |  |                           |   |                          |                              |   |                          |                              |                          |  |
| Indicate from where the assets are expected to arrive?  |                                     |  |                                 |                                     |                          |  |                           |   |                          |                              |   |                          |                              |                          |  |
| <input type="checkbox"/> DB Group: Same Booking Center (indicate account number):<br><input type="checkbox"/> DB Group: Other Booking Center (indicate DB location and account details):<br><input checked="" type="checkbox"/> Other Institution (Indicate name & location): JPMorgan. New York, NY<br><input type="checkbox"/> Physical Deposits (specify cash, securities, cheques, ...):  |                                     |  |                                 |                                     |                          |  |                           |   |                          |                              |   |                          |                              |                          |  |
| What is the expected size and frequency of regular inflows and outflows for the account (indicate estimated number and volume per month)? Roughly 1-2 inflows and outflows per month ranging from \$1,000 to \$10,000   |                                     |  |                                 |                                     |                          |  |                           |   |                          |                              |   |                          |                              |                          |  |
| What is the expected volume of assets and currency for the account approx. 90 days after opening?   |                                     |  |                                 |                                     |                          |  |                           | 500,000.00  |                          | Currency                     |   | USD                      |                              |                          |  |
| What is the expected volume of assets and currency for the account approx. one year after opening?  |                                     |  |                                 |                                     |                          |  |                           | 1,000,000.00  |                          | Currency                     |   | USD                      |                              |                          |  |
| Does/will the client have Assets Under Management (AuM) within DB under Eur. 3M?  |                                     |  |                                 |                                     |                          |  |                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |                              |   |                          |                              |                          |  |
| <b>Please list all parties related to the account.</b>  |                                     |  |                                 |                                     |                          |  |                           |   |                          |                              |   |                          |                              |                          |  |
| For each party:   |                                     |  |                                 |                                     |                          |  |                           |   |                          |                              |   |                          |                              |                          |  |
| <ul style="list-style-type: none"> <li>• Check if a source of wealth description is required for the party.</li> <li>• Check the appropriate box to describe the relationship of the party to this account (&gt; 1 can be selected).</li> <li>• If none of the check boxes apply, describe the party's relation to the account in the "Other" column.</li> <li>• Always describe the relationship between the parties in the last column.</li> <li>• Please drill down to the ultimate/underlying Beneficial Owner(s).</li> </ul> |                                     |  |                                 |                                     |                          |  |                           |   |                          |                              |   |                          |                              |                          |  |
|   | Legal Entity                        | Description of Source of Wealth required | Parties related to this account | Account Holder                      | PIC Owner                | Settlor of Trust / Founder of Foundation | Ultimate Beneficial Owner | Signatory Full POA  | Limited POA              | Financial Intermediary (FIM) | Significant Shareholder (>=25% Non-PIC entity (indicate ownership %)) | Legal Representative     | Grantor/Settlor              | Founding Donor           | Other (please describe other roles and/or indicate relationship between parties) |
| 1   | <input type="checkbox"/>            | <input checked="" type="checkbox"/>      | Jeffrey Epstein                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | Grantor;   |
| 2   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>      | Butterfly Trust                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |  |
| 3   | <input type="checkbox"/>            | <input type="checkbox"/>                 | Richard Kahn                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | Trustee;;  |
| 4   | <input type="checkbox"/>            | <input type="checkbox"/>                 | Darren Indyke                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | Trustee;;  |
| 5   | <input type="checkbox"/>            | <input type="checkbox"/>                 | [REDACTED]                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | Beneficiary;   |
| 6   | <input type="checkbox"/>            | <input type="checkbox"/>                 | [REDACTED]                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | Beneficiary;   |
| 7   | <input type="checkbox"/>            | <input type="checkbox"/>                 | [REDACTED]                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | Beneficiary;   |
| 8   | <input type="checkbox"/>            | <input type="checkbox"/>                 | [REDACTED]                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | Beneficiary;   |
| 9   | <input type="checkbox"/>            | <input type="checkbox"/>                 | Ghislaine Maxwell               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | Beneficiary;   |
| 10  | <input type="checkbox"/>            | <input type="checkbox"/>                 | [REDACTED]                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     |   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | Beneficiary;   |

**One sheet must be established for EACH INDIVIDUAL PARTY in Section 2. Account Ownership Summary**

| 3A. Individual Details (for all parties)  |   |  |   |                           |           |
|---|---|--|---|---------------------------|-----------|
| Individual's Name:  | Jeffrey Epstein - 00000483289                           | Date of Birth:   | 1/20/1953   |                           |           |
| Country of Residence:   | USVI  | Country of Citizenship:  | USA   |                           |           |
| Address of primary residence:   | Little Saint James Saint Thomas 00802 US Virgin Islands | Has client resided outside of his/her country of nationality for 5 years or more?                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           |           |
| Profession/Occupation:  | Self Employed   | Tax ID / SSN:  | [REDACTED]  |                           |           |
| Current Employer:   | Southern Financial LLC                                  | Position/Title/Rank:   | President   |                           |           |
| Address of employer:  | 6100 Red Hook Quarter B3 St. Thomas USVI 00802          |  |   |                           |           |
| Does the person work as senior executive of a DB-recognized regulated entity in the financial industry? or an entity listed on a DB-recognised exchange? (Not applicable for operating entities)                  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |                           |           |
| Is the individual a Politically Exposed Person (PEP)? (if Yes, describe)  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |                           |           |
| To the best of your knowledge, is the individual related to an employee of the DB group? (if Family or Friendship, describe)  |   | <input type="checkbox"/> Family <input type="checkbox"/> Friendship <input checked="" type="checkbox"/> None |   |                           |           |
| To the best of your knowledge, is the individual party to a non-banking relationship with Deutsche Bank (e.g., external legal counsel, client referral source, supplier of goods or services)? (if Yes, describe) |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |                           |           |
| If applicable, indicate which bank officers have met the person:  |   | Indicate where and when the client meeting(s) took place:  |   |                           |           |
| Bank Officer Name(s)  | Bank Office:  | Client Private Domicile:   | Client Place of Business:   | Other Location (specify): | Date:     |
| Paul Morris   | <input type="checkbox"/>                                | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                                 |                           | 9/13/2013 |
|   | <input type="checkbox"/>                                | <input type="checkbox"/>   | <input type="checkbox"/>  |                           |           |
|   | <input type="checkbox"/>                                | <input type="checkbox"/>   | <input type="checkbox"/>  |                           |           |

| <input type="checkbox"/> Wealth Details for this individual are not filled in, because they are the same as for the following person:  |   |  |                  |                        |                |
|--|---|--|------------------|------------------------|----------------|
| 3B. Wealth Details (Only for parties requiring source of wealth description as indicated in Section 2)   |   |  |                  |                        |                |
| Nature of the Individual's Business:   | Private investments   |  |                  |                        |                |
| Primary Country of source of wealth/source of Funds?   |   |  |                  |                        |                |
| Primary industry of source of Wealth/Source of Funds?  |   |  |                  |                        |                |
| Summarize Source of Wealth:  | <input checked="" type="checkbox"/> Business Owner <input type="checkbox"/> Salary/Earnings <input checked="" type="checkbox"/> Investment <input type="checkbox"/> Inheritance/Gifts <input type="checkbox"/> Other: |  |                  |                        |                |
| Further Describe Source of Wealth /Detail the history of wealth for each of the sources: (e.g. For trusts, how did settlor accumulate wealth? For inheritance, how did family accumulate wealth?For business owners, how long in business, how many employees, level of profitability? Indicate type of business, countries of major activities, important business partners.) Epstein began his financial career in 1976 as an options trader at Bear Stearns and became a partner in 1980. In 1982, Epstein founded his own financial management firm, J. Epstein & Co., managing the assets of clients with more than a billion in net worth. In 1996, Epstein changed the name of his firm to The Financial Trust Company and based it on the island of St. Thomas in the US Virgin Islands. All of his clients were anonymous except for the very wealthy businessman Leslie Wexner. His wealth has come from his days at Bear Stearns and his financial management firms |   |  |                  |                        |                |
| Estimated Annual Income(\$):   | 10,000,000.00   | Estimated amount of investable assets(\$):       | \$50 MM - 100 MM |                        |                |
| Estimated Net Worth(\$):   | \$100 MM - 500 MM   | Amount of assets planned to invest with PWM(\$): | 5,000,000.00     |                        |                |
| Other Known Financial Institutions:  |   |  |                  |                        |                |
| Institution:   | JPM   | Country:   | USA              | Est. Assets Under Mgt: | 120,000,000.00 |
| Institution:   | Deutsche Bank   | Country:   | USA              | Est. Assets Under Mgt: | 70,000,000.00  |

|  |  |          |  |                        |  |
|--|--|----------|--|------------------------|--|
| Institution:   |  | Country: |  | Est. Assets Under Mgt: |  |
| Please indicate the family situation of the individual (marital status, other family members, etc.): |  |          |  |                        |  |

**One sheet must be established for EACH INDIVIDUAL PARTY in Section 2. Account Ownership Summary**

| 3A. Individual Details (for all parties)  |  |  |   |                           |           |
|---|--|--|---|---------------------------|-----------|
| Individual's Name:  | Darren Indyke - [REDACTED]                     | Date of Birth:   | [REDACTED]  |                           |           |
| Country of Residence:   | USA  | Country of Citizenship:  | USA   |                           |           |
| Address of primary residence:   | [REDACTED]                                     | Has client resided outside of his/her country of nationality for 5 years or more?                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           |           |
| Profession/Occupation:  | Attorney                                       | Tax ID / SSN:  | 098-54-8596   |                           |           |
| Current Employer:   | Southern Financial LLC                         | Position/Title/Rank:   |   |                           |           |
| Address of employer:  | 6100 Red Hook Quarter B3 Livingston USVI 00802 |  |   |                           |           |
| Does the person work as senior executive of a DB-recognized regulated entity in the financial industry? or an entity listed on a DB-recognised exchange? (Not applicable for operating entities)                  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |                           |           |
| Is the individual a Politically Exposed Person (PEP)? (if Yes, describe)  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |                           |           |
| To the best of your knowledge, is the individual related to an employee of the DB group? (if Family or Friendship, describe)  |  | <input type="checkbox"/> Family <input type="checkbox"/> Friendship <input checked="" type="checkbox"/> None |   |                           |           |
| To the best of your knowledge, is the individual party to a non-banking relationship with Deutsche Bank (e.g., external legal counsel, client referral source, supplier of goods or services)? (if Yes, describe) |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |                           |           |
| If applicable, indicate which bank officers have met the person:  |  | Indicate where and when the client meeting(s) took place:  |   |                           |           |
| Bank Officer Name(s)  | Bank Office:                                   | Client Private Domicile:   | Client Place of Business:   | Other Location (specify): | Date:     |
| Paul Morris   | <input type="checkbox"/>                       | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                                 |                           | 9/13/2013 |
|   | <input type="checkbox"/>                       | <input type="checkbox"/>   | <input type="checkbox"/>  |                           |           |
|   | <input type="checkbox"/>                       | <input type="checkbox"/>   | <input type="checkbox"/>  |                           |           |

| <input type="checkbox"/> Wealth Details for this individual are not filled in, because they are the same as for the following person:  |  |   |  |                        |  |
|--|--|---|--|------------------------|--|
| 3B. Wealth Details (Only for parties requiring source of wealth description as indicated in Section 2)   |  |   |  |                        |  |
| Nature of the Individual's Business:   |  |   |  |                        |  |
| Primary Country of source of wealth/source of Funds?   |  |   |  |                        |  |
| Primary industry of source of Wealth/Source of Funds?  |  |   |  |                        |  |
| Summarize Source of Wealth:  |  | <input type="checkbox"/> Business Owner <input type="checkbox"/> Salary/Earnings <input type="checkbox"/> Investment <input type="checkbox"/> Inheritance/Gifts <input type="checkbox"/> Other: |  |                        |  |
| Further Describe Source of Wealth /Detail the history of wealth for each of the sources: (e.g. For trusts, how did settlor accumulate wealth? For inheritance, how did family accumulate wealth?For business owners, how long in business, how many employees, level of profitability? Indicate type of business, countries of major activities, important business partners.) |  |   |  |                        |  |
| Estimated Annual Income(\$):   |  | Estimated amount of investable assets(\$):  |  |                        |  |
| Estimated Net Worth(\$):   |  | Amount of assets planned to invest with PWM(\$):  |  |                        |  |
| Other Known Financial Institutions:  |  |   |  |                        |  |
| Institution:   |  | Country:  |  | Est. Assets Under Mgt: |  |
| Institution:   |  | Country:  |  | Est. Assets Under Mgt: |  |
| Institution:   |  | Country:  |  | Est. Assets Under Mgt: |  |
| Please indicate the family situation of the individual (marital status, other family members, etc.):   |  |   |  |                        |  |



**One sheet must be established for EACH INDIVIDUAL PARTY in Section 2. Account Ownership Summary**

| 3A. Individual Details (for all parties)  |   |  |   |                           |           |
|---|---|--|---|---------------------------|-----------|
| Individual's Name:  | Richard Kahn [REDACTED]                                     | Date of Birth:   | [REDACTED]  |                           |           |
| Country of Residence:   | USA   | Country of Citizenship:  | USA   |                           |           |
| Address of primary residence:   | [REDACTED]  | Has client resided outside of his/her country of nationality for 5 years or more?                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           |           |
| Profession/Occupation:  | Accountant  | Tax ID / SSN:  | [REDACTED]  |                           |           |
| Current Employer:   | Southern Financial, LLC                                     | Position/Title/Rank:   |   |                           |           |
| Address of employer:  | 6100 Red Hook, Quarter B3 St Thomas US Virgin Islands 00802 |  |   |                           |           |
| Does the person work as senior executive of a DB-recognized regulated entity in the financial industry? or an entity listed on a DB-recognised exchange? (Not applicable for operating entities)                  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |                           |           |
| Is the individual a Politically Exposed Person (PEP)? (if Yes, describe)  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |                           |           |
| To the best of your knowledge, is the individual related to an employee of the DB group? (if Family or Friendship, describe)  |   | <input type="checkbox"/> Family <input type="checkbox"/> Friendship <input checked="" type="checkbox"/> None |   |                           |           |
| To the best of your knowledge, is the individual party to a non-banking relationship with Deutsche Bank (e.g., external legal counsel, client referral source, supplier of goods or services)? (if Yes, describe) |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |                           |           |
| If applicable, indicate which bank officers have met the person:  |   | Indicate where and when the client meeting(s) took place:  |   |                           |           |
| Bank Officer Name(s)  | Bank Office:  | Client Private Domicile:   | Client Place of Business:   | Other Location (specify): | Date:     |
| Paul Morris   | <input type="checkbox"/>                                    | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                                 |                           | 9/13/2013 |
|   | <input type="checkbox"/>                                    | <input type="checkbox"/>   | <input type="checkbox"/>  |                           |           |
|   | <input type="checkbox"/>                                    | <input type="checkbox"/>   | <input type="checkbox"/>  |                           |           |

| <input type="checkbox"/> Wealth Details for this individual are not filled in, because they are the same as for the following person:  |  |   |  |                        |  |
|--|--|---|--|------------------------|--|
| 3B. Wealth Details (Only for parties requiring source of wealth description as indicated in Section 2)   |  |   |  |                        |  |
| Nature of the Individual's Business:   |  |   |  |                        |  |
| Primary Country of source of wealth/source of Funds?   |  |   |  |                        |  |
| Primary industry of source of Wealth/Source of Funds?  |  |   |  |                        |  |
| Summarize Source of Wealth:  |  | <input type="checkbox"/> Business Owner <input type="checkbox"/> Salary/Earnings <input type="checkbox"/> Investment <input type="checkbox"/> Inheritance/Gifts <input type="checkbox"/> Other: |  |                        |  |
| Further Describe Source of Wealth /Detail the history of wealth for each of the sources: (e.g. For trusts, how did settlor accumulate wealth? For inheritance, how did family accumulate wealth?For business owners, how long in business, how many employees, level of profitability? Indicate type of business, countries of major activities, important business partners.) |  |   |  |                        |  |
| Estimated Annual Income(\$):   |  | Estimated amount of investable assets(\$):  |  |                        |  |
| Estimated Net Worth(\$):   |  | Amount of assets planned to invest with PWM(\$):  |  |                        |  |
| Other Known Financial Institutions:  |  |   |  |                        |  |
| Institution:   |  | Country:  |  | Est. Assets Under Mgt: |  |
| Institution:   |  | Country:  |  | Est. Assets Under Mgt: |  |
| Institution:   |  | Country:  |  | Est. Assets Under Mgt: |  |
| Please indicate the family situation of the individual (marital status, other family members, etc.):   |  |   |  |                        |  |



**One sheet must be established for EACH INDIVIDUAL PARTY in Section 2. Account Ownership Summary**

| 3A. Individual Details (for all parties)  |   |   |  |   |       |
|---|---|---|--|---|-------|
| Individual's Name:  | Ghislaine Maxwell -   |   | Date of Birth:   |   |       |
| Country of Residence:   |   |   | Country of Citizenship:  |   |       |
| Address of primary residence:   | c/o HBRK Associates<br>575 Lexington Avenue, 4th Fl New York NY 10022 USA |   | Has client resided outside of his/her country of nationality for 5 years or more?                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |       |
| Profession/Occupation:  |   |   | Tax ID / SSN:  |   |       |
| Current Employer:   |   |   | Position/Title/Rank:   |   |       |
| Address of employer:  |   |   |  |   |       |
| Does the person work as senior executive of a DB-recognized regulated entity in the financial industry? or an entity listed on a DB-recognised exchange? (Not applicable for operating entities)                  |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |       |
| Is the individual a Politically Exposed Person (PEP)? (if Yes, describe)  |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |       |
| To the best of your knowledge, is the individual related to an employee of the DB group? (if Family or Friendship, describe)  |   |   | <input type="checkbox"/> Family <input type="checkbox"/> Friendship <input checked="" type="checkbox"/> None |   |       |
| To the best of your knowledge, is the individual party to a non-banking relationship with Deutsche Bank (e.g., external legal counsel, client referral source, supplier of goods or services)? (if Yes, describe) |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |       |
| If applicable, indicate which bank officers have met the person:  |   | Indicate where and when the client meeting(s) took place: |  |   |       |
| Bank Officer Name(s)  | Bank Office:  | Client Private Domicile:                                  | Client Place of Business:  | Other Location (specify):   | Date: |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>   |   |       |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>   |   |       |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>   |   |       |

| <input type="checkbox"/> Wealth Details for this individual are not filled in, because they are the same as for the following person:  |  |          |   |  |  |
|--|--|----------|---|--|--|
| 3B. Wealth Details (Only for parties requiring source of wealth description as indicated in Section 2)   |  |          |   |  |  |
| Nature of the Individual's Business:   |  |          |   |  |  |
| Primary Country of source of wealth/source of Funds?   |  |          |   |  |  |
| Primary industry of source of Wealth/Source of Funds?  |  |          |   |  |  |
| Summarize Source of Wealth:  |  |          | <input type="checkbox"/> Business Owner <input type="checkbox"/> Salary/Earnings <input type="checkbox"/> Investment <input type="checkbox"/> Inheritance/Gifts <input type="checkbox"/> Other: |  |  |
| Further Describe Source of Wealth /Detail the history of wealth for each of the sources: (e.g. For trusts, how did settlor accumulate wealth? For inheritance, how did family accumulate wealth?For business owners, how long in business, how many employees, level of profitability? Indicate type of business, countries of major activities, important business partners.) |  |          |   |  |  |
| Estimated Annual Income(\$):   |  |          |   | Estimated amount of investable assets(\$):       |  |
| Estimated Net Worth(\$):   |  |          |   | Amount of assets planned to invest with PWM(\$): |  |
| Other Known Financial Institutions:  |  |          |   |  |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Please indicate the family situation of the individual (marital status, other family members, etc.):   |  |          |   |  |  |



**One sheet must be established for EACH INDIVIDUAL PARTY in Section 2. Account Ownership Summary**

| 3A. Individual Details (for all parties)  |   |   |                           |  |   |
|---|---|---|---------------------------|--|---|
| Individual's Name:  | [REDACTED]  |   |                           | Date of Birth:   |   |
| Country of Residence:   |   |   |                           | Country of Citizenship:  |   |
| Address of primary residence:   | c/o HBRK Associates<br>575 Lexington Avenue, 4th Fl New York NY 10022 USA |   |                           | Has client resided outside of his/her country of nationality for 5 years or more?                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Profession/Occupation:  |   |   |                           | Tax ID / SSN:  |   |
| Current Employer:   |   |   |                           | Position/Title/Rank:   |   |
| Address of employer:  |   |   |                           |  |   |
| Does the person work as senior executive of a DB-recognized regulated entity in the financial industry? or an entity listed on a DB-recognised exchange? (Not applicable for operating entities)                  |   |   |                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| Is the individual a Politically Exposed Person (PEP)? (if Yes, describe)  |   |   |                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| To the best of your knowledge, is the individual related to an employee of the DB group? (if Family or Friendship, describe)  |   |   |                           | <input type="checkbox"/> Family <input type="checkbox"/> Friendship <input checked="" type="checkbox"/> None |   |
| To the best of your knowledge, is the individual party to a non-banking relationship with Deutsche Bank (e.g., external legal counsel, client referral source, supplier of goods or services)? (if Yes, describe) |   |   |                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| If applicable, indicate which bank officers have met the person:  |   | Indicate where and when the client meeting(s) took place: |                           |  |   |
| Bank Officer Name(s)  | Bank Office:  | Client Private Domicile:                                  | Client Place of Business: | Other Location (specify):  | Date:   |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>  |  |   |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>  |  |   |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>  |  |   |

| <input type="checkbox"/> Wealth Details for this individual are not filled in, because they are the same as for the following person:  |  |          |   |  |  |
|--|--|----------|---|--|--|
| 3B. Wealth Details (Only for parties requiring source of wealth description as indicated in Section 2)   |  |          |   |  |  |
| Nature of the Individual's Business:   |  |          |   |  |  |
| Primary Country of source of wealth/source of Funds?   |  |          |   |  |  |
| Primary industry of source of Wealth/Source of Funds?  |  |          |   |  |  |
| Summarize Source of Wealth:  |  |          | <input type="checkbox"/> Business Owner <input type="checkbox"/> Salary/Earnings <input type="checkbox"/> Investment <input type="checkbox"/> Inheritance/Gifts <input type="checkbox"/> Other: |  |  |
| Further Describe Source of Wealth /Detail the history of wealth for each of the sources: (e.g. For trusts, how did settlor accumulate wealth? For inheritance, how did family accumulate wealth?For business owners, how long in business, how many employees, level of profitability? Indicate type of business, countries of major activities, important business partners.) |  |          |   |  |  |
| Estimated Annual Income(\$):   |  |          |   | Estimated amount of investable assets(\$):       |  |
| Estimated Net Worth(\$):   |  |          |   | Amount of assets planned to invest with PWM(\$): |  |
| Other Known Financial Institutions:  |  |          |   |  |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Please indicate the family situation of the individual (marital status, other family members, etc.):   |  |          |   |  |  |



**One sheet must be established for EACH INDIVIDUAL PARTY in Section 2. Account Ownership Summary**

| 3A. Individual Details (for all parties)  |   |   |  |   |       |
|---|---|---|--|---|-------|
| Individual's Name:  | [REDACTED]  |   | Date of Birth:   |   |       |
| Country of Residence:   |   |   | Country of Citizenship:  |   |       |
| Address of primary residence:   | c/o HBRK Associates<br>575 Lexington Avenue, 4th Fl New York NY 10022 USA |   | Has client resided outside of his/her country of nationality for 5 years or more?                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |       |
| Profession/Occupation:  |   |   | Tax ID / SSN:  |   |       |
| Current Employer:   |   |   | Position/Title/Rank:   |   |       |
| Address of employer:  |   |   |  |   |       |
| Does the person work as senior executive of a DB-recognized regulated entity in the financial industry? or an entity listed on a DB-recognised exchange? (Not applicable for operating entities)                  |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |       |
| Is the individual a Politically Exposed Person (PEP)? (if Yes, describe)  |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |       |
| To the best of your knowledge, is the individual related to an employee of the DB group? (if Family or Friendship, describe)  |   |   | <input type="checkbox"/> Family <input type="checkbox"/> Friendship <input checked="" type="checkbox"/> None |   |       |
| To the best of your knowledge, is the individual party to a non-banking relationship with Deutsche Bank (e.g., external legal counsel, client referral source, supplier of goods or services)? (if Yes, describe) |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |       |
| If applicable, indicate which bank officers have met the person:  |   | Indicate where and when the client meeting(s) took place: |  |   |       |
| Bank Officer Name(s)  | Bank Office:  | Client Private Domicile:                                  | Client Place of Business:  | Other Location (specify):   | Date: |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>   |   |       |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>   |   |       |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>   |   |       |

| <input type="checkbox"/> Wealth Details for this individual are not filled in, because they are the same as for the following person:  |  |          |   |  |  |
|--|--|----------|---|--|--|
| 3B. Wealth Details (Only for parties requiring source of wealth description as indicated in Section 2)   |  |          |   |  |  |
| Nature of the Individual's Business:   |  |          |   |  |  |
| Primary Country of source of wealth/source of Funds?   |  |          |   |  |  |
| Primary industry of source of Wealth/Source of Funds?  |  |          |   |  |  |
| Summarize Source of Wealth:  |  |          | <input type="checkbox"/> Business Owner <input type="checkbox"/> Salary/Earnings <input type="checkbox"/> Investment <input type="checkbox"/> Inheritance/Gifts <input type="checkbox"/> Other: |  |  |
| Further Describe Source of Wealth /Detail the history of wealth for each of the sources: (e.g. For trusts, how did settlor accumulate wealth? For inheritance, how did family accumulate wealth?For business owners, how long in business, how many employees, level of profitability? Indicate type of business, countries of major activities, important business partners.) |  |          |   |  |  |
| Estimated Annual Income(\$):   |  |          |   | Estimated amount of investable assets(\$):       |  |
| Estimated Net Worth(\$):   |  |          |   | Amount of assets planned to invest with PWM(\$): |  |
| Other Known Financial Institutions:  |  |          |   |  |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Please indicate the family situation of the individual (marital status, other family members, etc.):   |  |          |   |  |  |



**One sheet must be established for EACH INDIVIDUAL PARTY in Section 2. Account Ownership Summary**

| 3A. Individual Details (for all parties)  |   |   |  |   |       |
|---|---|---|--|---|-------|
| Individual's Name:  | [REDACTED]  |   | Date of Birth:   |   |       |
| Country of Residence:   |   |   | Country of Citizenship:  |   |       |
| Address of primary residence:   | c/o HBRK Associates<br>575 Lexington Avenue, 4th Fl New York NY 10022 USA |   | Has client resided outside of his/her country of nationality for 5 years or more?                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |       |
| Profession/Occupation:  |   |   | Tax ID / SSN:  |   |       |
| Current Employer:   |   |   | Position/Title/Rank:   |   |       |
| Address of employer:  |   |   |  |   |       |
| Does the person work as senior executive of a DB-recognized regulated entity in the financial industry? or an entity listed on a DB-recognized exchange? (Not applicable for operating entities)                  |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |       |
| Is the individual a Politically Exposed Person (PEP)? (if Yes, describe)  |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |       |
| To the best of your knowledge, is the individual related to an employee of the DB group? (if Family or Friendship, describe)  |   |   | <input type="checkbox"/> Family <input type="checkbox"/> Friendship <input checked="" type="checkbox"/> None |   |       |
| To the best of your knowledge, is the individual party to a non-banking relationship with Deutsche Bank (e.g., external legal counsel, client referral source, supplier of goods or services)? (if Yes, describe) |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |       |
| If applicable, indicate which bank officers have met the person:  |   | Indicate where and when the client meeting(s) took place: |  |   |       |
| Bank Officer Name(s)  | Bank Office:  | Client Private Domicile:                                  | Client Place of Business:  | Other Location (specify):   | Date: |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>   |   |       |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>   |   |       |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>   |   |       |

| <input type="checkbox"/> Wealth Details for this individual are not filled in, because they are the same as for the following person:  |  |          |   |  |  |
|--|--|----------|---|--|--|
| 3B. Wealth Details (Only for parties requiring source of wealth description as indicated in Section 2)   |  |          |   |  |  |
| Nature of the Individual's Business:   |  |          |   |  |  |
| Primary Country of source of wealth/source of Funds?   |  |          |   |  |  |
| Primary industry of source of Wealth/Source of Funds?  |  |          |   |  |  |
| Summarize Source of Wealth:  |  |          | <input type="checkbox"/> Business Owner <input type="checkbox"/> Salary/Earnings <input type="checkbox"/> Investment <input type="checkbox"/> Inheritance/Gifts <input type="checkbox"/> Other: |  |  |
| Further Describe Source of Wealth /Detail the history of wealth for each of the sources: (e.g. For trusts, how did settlor accumulate wealth? For inheritance, how did family accumulate wealth?For business owners, how long in business, how many employees, level of profitability? Indicate type of business, countries of major activities, important business partners.) |  |          |   |  |  |
| Estimated Annual Income(\$):   |  |          |   | Estimated amount of investable assets(\$):       |  |
| Estimated Net Worth(\$):   |  |          |   | Amount of assets planned to invest with PWM(\$): |  |
| Other Known Financial Institutions:  |  |          |   |  |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Please indicate the family situation of the individual (marital status, other family members, etc.):   |  |          |   |  |  |



**One sheet must be established for EACH INDIVIDUAL PARTY in Section 2. Account Ownership Summary**

| 3A. Individual Details (for all parties)  |                          |  |                           |   |       |
|---|--------------------------|--|---------------------------|---|-------|
| Individual's Name:  |                          | Date of Birth:   |                           |   |       |
| Country of Residence:   |                          | Country of Citizenship:  |                           |   |       |
| Address of primary residence:   |                          | Has client resided outside of his/her country of nationality for 5 years or more?                            |                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |       |
| Profession/Occupation:  |                          | Tax ID / SSN:  |                           |   |       |
| Current Employer:   |                          | Position/Title/Rank:   |                           |   |       |
| Address of employer:  |                          |  |                           |   |       |
| Does the person work as senior executive of a DB-recognized regulated entity in the financial industry? or an entity listed on a DB-recognised exchange? (Not applicable for operating entities)                  |                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                           |   |       |
| Is the individual a Politically Exposed Person (PEP)? (if Yes, describe)  |                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                           |   |       |
| To the best of your knowledge, is the individual related to an employee of the DB group? (if Family or Friendship, describe)  |                          | <input type="checkbox"/> Family <input type="checkbox"/> Friendship <input checked="" type="checkbox"/> None |                           |   |       |
| To the best of your knowledge, is the individual party to a non-banking relationship with Deutsche Bank (e.g., external legal counsel, client referral source, supplier of goods or services)? (if Yes, describe) |                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                           |   |       |
| If applicable, indicate which bank officers have met the person:  |                          | Indicate where and when the client meeting(s) took place:  |                           |   |       |
| Bank Officer Name(s)  | Bank Office:             | Client Private Domicile:   | Client Place of Business: | Other Location (specify):   | Date: |
|   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |   |       |
|   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |   |       |
|   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>  |   |       |

| <input type="checkbox"/> Wealth Details for this individual are not filled in, because they are the same as for the following person:  |  |   |  |                        |  |
|--|--|---|--|------------------------|--|
| 3B. Wealth Details (Only for parties requiring source of wealth description as indicated in Section 2)   |  |   |  |                        |  |
| Nature of the Individual's Business:   |  |   |  |                        |  |
| Primary Country of source of wealth/source of Funds?   |  |   |  |                        |  |
| Primary industry of source of Wealth/Source of Funds?  |  |   |  |                        |  |
| Summarize Source of Wealth:  |  | <input type="checkbox"/> Business Owner <input type="checkbox"/> Salary/Earnings <input type="checkbox"/> Investment <input type="checkbox"/> Inheritance/Gifts <input type="checkbox"/> Other: |  |                        |  |
| Further Describe Source of Wealth /Detail the history of wealth for each of the sources: (e.g. For trusts, how did settlor accumulate wealth? For inheritance, how did family accumulate wealth?For business owners, how long in business, how many employees, level of profitability? Indicate type of business, countries of major activities, important business partners.) |  |   |  |                        |  |
| Estimated Annual Income(\$):   |  | Estimated amount of investable assets(\$):  |  |                        |  |
| Estimated Net Worth(\$):   |  | Amount of assets planned to invest with PWM(\$):  |  |                        |  |
| Other Known Financial Institutions:  |  |   |  |                        |  |
| Institution:   |  | Country:  |  | Est. Assets Under Mgt: |  |
| Institution:   |  | Country:  |  | Est. Assets Under Mgt: |  |
| Institution:   |  | Country:  |  | Est. Assets Under Mgt: |  |
| Please indicate the family situation of the individual (marital status, other family members, etc.):   |  |   |  |                        |  |



**One sheet must be established for EACH INDIVIDUAL PARTY in Section 2. Account Ownership Summary**

| 3A. Individual Details (for all parties)  |   |   |  |   |       |
|---|---|---|--|---|-------|
| Individual's Name:  | [REDACTED] -  |   |  | Date of Birth:  |       |
| Country of Residence:   |   | Country of Citizenship:                                   |  |   |       |
| Address of primary residence:   | c/o HBRK Associates<br>575 Lexington Avenue, 4th Fl New York NY 10022 USA |   | Has client resided outside of his/her country of nationality for 5 years or more?                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |       |
| Profession/Occupation:  |   | Tax ID / SSN:   |  |   |       |
| Current Employer:   |   | Position/Title/Rank:                                      |  |   |       |
| Address of employer:  |   |   |  |   |       |
| Does the person work as senior executive of a DB-recognized regulated entity in the financial industry? or an entity listed on a DB-recognised exchange? (Not applicable for operating entities)                  |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |       |
| Is the individual a Politically Exposed Person (PEP)? (if Yes, describe)  |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |       |
| To the best of your knowledge, is the individual related to an employee of the DB group? (if Family or Friendship, describe)  |   |   | <input type="checkbox"/> Family <input type="checkbox"/> Friendship <input checked="" type="checkbox"/> None |   |       |
| To the best of your knowledge, is the individual party to a non-banking relationship with Deutsche Bank (e.g., external legal counsel, client referral source, supplier of goods or services)? (if Yes, describe) |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |       |
| If applicable, indicate which bank officers have met the person:  |   | Indicate where and when the client meeting(s) took place: |  |   |       |
| Bank Officer Name(s)  | Bank Office:  | Client Private Domicile:                                  | Client Place of Business:  | Other Location (specify):   | Date: |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>   |   |       |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>   |   |       |
|   | <input type="checkbox"/>  | <input type="checkbox"/>                                  | <input type="checkbox"/>   |   |       |

| <input type="checkbox"/> Wealth Details for this individual are not filled in, because they are the same as for the following person:  |  |          |   |  |  |
|--|--|----------|---|--|--|
| 3B. Wealth Details (Only for parties requiring source of wealth description as indicated in Section 2)   |  |          |   |  |  |
| Nature of the Individual's Business:   |  |          |   |  |  |
| Primary Country of source of wealth/source of Funds?   |  |          |   |  |  |
| Primary industry of source of Wealth/Source of Funds?  |  |          |   |  |  |
| Summarize Source of Wealth:  |  |          | <input type="checkbox"/> Business Owner <input type="checkbox"/> Salary/Earnings <input type="checkbox"/> Investment <input type="checkbox"/> Inheritance/Gifts <input type="checkbox"/> Other: |  |  |
| Further Describe Source of Wealth /Detail the history of wealth for each of the sources: (e.g. For trusts, how did settlor accumulate wealth? For inheritance, how did family accumulate wealth?For business owners, how long in business, how many employees, level of profitability? Indicate type of business, countries of major activities, important business partners.) |  |          |   |  |  |
| Estimated Annual Income(\$):   |  |          |   | Estimated amount of investable assets(\$):       |  |
| Estimated Net Worth(\$):   |  |          |   | Amount of assets planned to invest with PWM(\$): |  |
| Other Known Financial Institutions:  |  |          |   |  |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Institution:   |  | Country: |   | Est. Assets Under Mgt:                           |  |
| Please indicate the family situation of the individual (marital status, other family members, etc.):   |  |          |   |  |  |

**One sheet must be established for EACH LEGAL ENTITY in Section 2. Account Summary**

| 3C. Legal Entity Details (For all Legal Entities)  |  |   |   |
|--|--|---|---|
| Legal Entity Name:   | Butterfly Trust - 00000486426  |   |   |
| Type of Entity:  | <input type="checkbox"/> Foundation/Association <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Estate<br><input type="checkbox"/> Partnership | Purpose of Entity:  | <input checked="" type="checkbox"/> Private Investment <input type="checkbox"/><br>Philanthropic/Charitable <input type="checkbox"/> Commercial |
| Type of Entity Other (specify):  |  | Purpose of Entity Other (specify):                                  |   |
| Country of incorporation/registration:   | USA  | Date of incorporation / registration:                               | 12/27/2006  |
| Volcker Status:  |  | Volcker Flag:   |   |
| Address (city, street, post code):   | 6100 Red Hook Quarter B3 St, Thomas 00802 USVI   | U.S. TIN/EIN:   | 26-6639711  |
| Provide a description of the entity's organizational structure, its ownership structure and its Top Management. For trusts/foundations, include information about revocability, settlor and beneficiaries, etc.:<br>Grantor: Jeffrey Epstein<br>Trustees: Darren K. Indyke, Richard Kahn |  |   |   |
| Please indicate how ownership of the legal entity is reflected: Grantor: Jeffrey Epstein<br>Trustees: Darren K. Indyke, Richard Kahn   |  |   |   |
| <input type="checkbox"/> Special attention: Bearer Shares - Indicate where shares are custodied:   |  |   |   |
| Describe the chain from the direct owner of the entity to the ultimate beneficial owner (if not the same persons): Grantor: Jeffrey Epstein<br>Trustees: Darren K. Indyke, Richard Kahn  |  |   |   |
| To the best of your knowledge, is the entity party to a non-banking relationship with Deutsche Bank (e.g. external legal counsel, client referral source, supplier of goods or services)?:   |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |
| Describe Nature of Entity's Primary Business and Investment Activities   |  |   |   |
| Nature of the business:  | Trust account  |   |   |
| Countries where business is transacted:  | USA, USVI  |   |   |
| Number of employees:   | N/A  |   |   |

| 3D. Wealth Profile (Only for parties requiring source of wealth description as indicated in Section 2)   |          |                |     |                        |              |
|--|----------|----------------|-----|------------------------|--------------|
| Primary Country of source of wealth/source of Funds?   |          |                |     |                        |              |
| Primary industry of source of Wealth/Source of Funds?  |          |                |     |                        |              |
| Provide Evidence of Corporate Assets (e.g. balance sheet or equivalent summary of assets/liabilities):<br>Trust account with Jeffrey Epstein as Grantor. Initial \$100 given to the account to fund. The funds for this trust account come from investments made by Jeffrey Epstein. His wealth profile is filled out. The trust is for the benefit of the 6 named individuals |          |                |     |                        |              |
| Estimated gross receipts p.a.(\$):   |          |                |     |                        |              |
| Estimated net profit p.a. (\$):  |          |                |     |                        |              |
| Estimated investable assets (\$):  |          | \$5 MM - 10 MM |     |                        |              |
| Potential Amount to be invested with PWM (\$):   |          | 4,500,000.00   |     |                        |              |
| Other Known Financial Institutions:  |          |                |     |                        |              |
| Institution:   | JPMorgan | Country:       | USA | Est. Assets Under Mgt: | 4,500,000.00 |
| Institution:   |          | Country:       |     | Est. Assets Under Mgt: |              |
| Institution:   |          | Country:       |     | Est. Assets Under Mgt: |              |

|                                      |   |   |                                   |  |   |             |
|--------------------------------------|---|---|-----------------------------------|--|---|-------------|
| Relationship Name                    | EPSTEIN, JEFFREY RELATIONSHIP           |   |                                   |  |   |             |
| Risk Rating Comments:                |   |   |                                   |  |   |             |
| Booking Center                       | <input checked="" type="checkbox"/> NY  | <input type="checkbox"/> NY/Offshore              | <input type="checkbox"/> Offshore | <input type="checkbox"/> Moderate Risk | <input checked="" type="checkbox"/> High Risk | Andrew Kisz |
| (Compliance Signature)               |   |   |                                   |  |   |             |
| <input type="checkbox"/> DB Employee | <input type="checkbox"/> DB Managed PIC | <input type="checkbox"/> DB Is Trustee/Co-Trustee |                                   |  | <input type="checkbox"/> Bearer Shares        |             |

| 4. Attachments  |   |  |   |
|---|---|--|---|
| A. Type of Photo ID Provided  | <input checked="" type="checkbox"/> Drivers License                 | <input checked="" type="checkbox"/> Passport | <input type="checkbox"/> National/State ID <input type="checkbox"/> Other |
|  Checklist of names (individuals and/or entities) that were submitted for database searches is attached  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| C. Please indicate the results of the database searches performed   |   |  |   |
| RDC searches complete   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | negative results found                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       |
| PCR checks complete   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | negative results found                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       |
| OFAC checks complete  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | negative results found                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |
| BIS searches complete (Lexis/Nexis, Factiva, Reuters, Dow Jones,  )  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | negative results found                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       |
| Denial Orders checks complete   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | negative results found                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |
| Martindale-Hubbell searched (Lawyers/Law Firms only)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | negative results found                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                  |
| Please summarize any negative results from the database searches indicated above: BUTTERFLY TRUST:<br>Negative Media: All negative media pertains to a company called the Butterfly Trust in Europe. This is not our client. Our client is an actual trust created by a Grantor and not a company. The other negative media does not pertain to "Butterfly Trust". It is only cited because the words "butterfly" and "trust" are next to each other  |   |  |   |
| Court Cases:<br>1. This is study material for a law class. The Butterfly Trust mentioned in this is not our client  |   |  |   |
| JEFFREY EPSTEIN:<br>Previously approved KYC #:01082293 & 01121718   |   |  |   |
| DARREN INDYKE:<br>No Negative Media<br>No Court Cases<br>KYC Approved: #1133377   |   |  |   |
| RICHARD KAHN:<br>See attached clearance from AML  |   |  |   |
| D. Approved KYC: #01082293 and 1133377  |   |  |   |
| GHISLAINE MAXWELL:<br>No PCR or RDC alerts<br><br>No PCR or RDC alerts<br><br>No PCR or RDC alerts<br><br>Attached APIL Clearance<br><br>Attached AML Clearance<br><br>No PCR or RDC Alert |   |  |   |
| E. To the best of your knowledge, has the client ever been convicted of a criminal offense?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| F. To the best of your knowledge, has the customer ever been involved in any past litigation against Deutsche Bank AG or any of its subsidiaries or is the customer threatening litigation against Deutsche Bank AG or any of its subsidiaries? (If Yes, provide details below and contact Quality Mgt.   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |

|   |   |
|---|---|
| <i>(LabAm/Int?) or the Regulatory Control Group and notify Compliance immediately)</i>  |   |
| G. Does the client or related party have any financial or other association / interactions within countries or regimes sanctioned by the Office of Foreign Assets Control (OFAC)?                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| H. Does the client or related party have any financial or other association/ interactions within high risk countries?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| I. Corporate Documentation Attached (Legal Entities Only)   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
| J. Undisclosed Principal Form Complete (Intermediaries Only)  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable |
| K. If Lexis/Nexis Search Results, Corporate Documents or Other Supporting Documentation is not in English, please provide an English summary of the nature/contents of the non-English Documentation: |   |
| L. Special Risk Factors   |   |
| Does the account have Nexus to Special Risk Countries?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| Is the account structure unusually complex?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| Is there any indication the client set up a non operating company expressly for the purpose of transferring shares to third parties?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| Is there any indication this could be a prohibited business relationship?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| Are the bearer shares identified subject to acceptable controls?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |

| M. Case Comments       |  |  |  |
|------------------------|--|--|--|
| No records to display. |  |  |  |

| ONSHORE APPROVALS                 |                      |                                     |           |
|-----------------------------------|----------------------|-------------------------------------|-----------|
| Client Facing Professional (CFP): | Paul Morris          | (Signature)<br>Paul Morris          | 10/2/2013 |
| Office Director/Business Head:    | Brian M. Biggar      | (Signature)<br>Brian M. Biggar      | 10/3/2013 |
| Regional Office Director:         |                      | (Signature)                         |           |
| AML Business Risk:                |                      | (Signature)                         |           |
| AML Compliance:                   | Jacqueline Lightbody | (Signature)<br>Jacqueline Lightbody | 1/23/2014 |
|                                   | Andrew Kisz          | (Signature)<br>Andrew Kisz          | 1/23/2014 |

| LATAM/INTERNATIONAL APPROVALS                               |  |             |  |
|---|--|-------------|--|
| Client Facing Professional (CFP):                           |  | (Signature) |  |
| Account Manager:  |  | (Signature) |  |
| Global Market Team Head (GMTH)/Sub-Market Team Head (SMTH): |  | (Signature) |  |
| AML Business Risk:  |  | (Signature) |  |
| AML Compliance:   |  | (Signature) |  |

**PRIVATE WEALTH MANAGEMENT POLICY STATEMENT:** Deutsche Bank Private Wealth Management (PWM) worldwide is committed to professionally serve the interests of its clients. To do so, Client Facing Professionals<sup>(1)</sup> (CFP's) should establish and maintain business relationships only with persons who satisfy our high standards of suitability, background and character. Due diligence obtained on the client must be appropriately documented by the CFP. It is the responsibility of CFP's to demonstrate that they know their client both at the inception of a relationship and on an ongoing basis.

**DECLARATION FOR ALL SIGNERS OF THIS FORM:** To the best of my knowledge and belief the above information is correct and up to date. I confirm that I have no suspicions relating to the money laundering or unethical activities on the part of the client(s) and that I have followed all the procedures relating to account opening as described in the PWM Americas Procedures and the PWM Global KYC Policy

(1) Client Facing Professionals (CFP's) include: Relationship Managers, Wealth Advisors, Product Officers, Brokers, Client Managers, etc.

