



Account Record

Account #: **33-** Is Owner a US Tax Payer? **Yes**
 External Custody **No** Federal Tax ID (SSN/TIN/EIN)

Account MIA Type **8701 PERSONAL CUSTODY**
 Acct Short/Long Name **JEFFREY EPSTEIN**
 Enter Name for Sorting: **JEFFREY EPSTEIN**

Date Opened **4/10/2014**
 Branch **38: DB NY DOMESTIC - CUSTODY ACCT [E214730]**
 State Domicile **54 U.S. Virgin Islands** Administrative Law **32 New York**

Acct Legal Name **JEFFREY EPSTEIN**

Next Fiscal **12/31** of the current year OR If ERISA Account Enter Plan Year End

For Client Service Use Only
 Tax Prep Service **1** Tax Servicer **2** Production Group **5**

Country of Residency **209 United States**

Acquired by

Account Capacity **20 CUSTODIAN**

Fee Agrmt Date **4/10/14** Date of Agreement **4/9/14** Date of Apptmt **4/9/14**

Group Code **1 DEUTSCHE BANK TR CO AMERICAS**
 Team Code **5 DOMESTIC CUSTODY**
 Base Currency **22 US DOLLAR**

Premium Tax Service Client? **Yes**
 If an ERISA Account is 5500 Reporting Required? **No**
 Is account owner a tax exempt recipient? **No**
 Is this an IRA Account? **No**

Tax Record

US Tax Class **1 US RESIDENT (TAX DUTY)** Foreign Tax Class
 Country Situs **209 United States**
 State Situs **54 U.S. Virgin Islands**

Valid Forms
 Status **2 certified** Start Date **4/10/2014** (mm/dd/yyyy)
 W-9 (mm/dd/yyyy)
 W-8 (mm/dd/yyyy)
 Form 1001 (mm/dd/yyyy)

Treaty Eligible Field & Special Withholding Instruction field should only be used for NRA clients submitting W-8Ben forms
 Treaty Eligible? **No**

Withholding Special Instructions if Not Using Treaty Eligible Rates

Tax Record Address

The following address must be added to Global Plus for the official mailing address of the client. If the account owner is a non US taxpayer, enter the address to which the 1099, 1042 or other mailings should be sent. For US taxpayers this may or may not be the same as the owner affiliation address.

<input checked="" type="checkbox"/> Client Name	JEFFREY E. EPSTEIN		
<input checked="" type="checkbox"/> Street Number	6100	Street Name	Red Hook Quarter, B3
<input checked="" type="checkbox"/> City	St. Thomas	<input checked="" type="checkbox"/> State	54 U.S. Virgin Islands
<input checked="" type="checkbox"/> Zip Code	00802	<input checked="" type="checkbox"/> Country	209 United States
<input checked="" type="checkbox"/> IRS Control Name	[REDACTED]		

Affiliation - Owner

If owner has an existing client record on Global Plus select Yes in the option below and provide the existing Internal client #. No other information is required. If No is selected owner information will populate based on tax record information provided. This address information below should reflect the legal/permanent address of the account owner. May be different than mailing address above.

Is the owner an existing client record on Global Plus Internal Client #

If new client complete the appropriate information for the owner affiliation: Client Title

Individual Client Name	First Name	JEFFREY		Last Name	EPSTEIN	
Name Extension Field or Corporate Name						
Street #	6100	Street Name	Red Hook Quarter, B3			
Address Line 2						
Mailing Info						
City	St. Thomas		State	54 U.S. Virgin Islands		
Zip Code	00802		Country	209 United States		
Name Type	7 individual		SSN or TIN	[REDACTED]		
Date of Birth	[REDACTED]					

Mandatory for IRA Account

Select Yes to also use this owner for the following account affiliation types. These are mandatory affiliation setups except for Daily Advice Recipient. If not the owner, complete the additional affiliation setup section. These affiliations types will be setup using the tax record address/ mailing address. If that address should not be used select No here and setup in the affiliation section.

If Daily Advice is to be setup, select which type:

<input checked="" type="checkbox"/> Yes	56 - Proxy Voter	<input type="text"/>	36 - Advice Recipient	<input type="text" value="#N/A"/>
<input checked="" type="checkbox"/> Yes	137 TAX LETTER RECIPIENT			
<input type="checkbox"/> No	1042S Recipient (applicable to non-domestic accounts only)			

Account Affiliations - Internal

<input checked="" type="checkbox"/> Affiliation Type	152 - Corporate Action Representative		
Client/EE Number	Arthur Tendler EMP # [REDACTED]		
Affiliation Type	200 - Strategic Wealth Advisor		
Client/EE Number	Paul Morris EMP# [REDACTED]		
<input checked="" type="checkbox"/> Affiliation Type	228 - Custody Officer		
Client/EE Number	Arthur Tendler EMP # [REDACTED]		
<input checked="" type="checkbox"/> Affiliation Type	2 - Investment Officer		
Client/EE Number	Arthur Tendler EMP # [REDACTED]		
<input checked="" type="checkbox"/> Affiliation Type	4 - Account Assistant		
Client/EE Number	Katy cheng EMP# [REDACTED]		

Affiliation Type **23 - Tax Officer**

Client/EE Number **State Street [E:TAXST]**

Affiliation Type **218 - Employee Account**

Client/EE Number

Affiliation Type **260 - Interested Party**

Client/EE Number

Affiliation Type **270 Hirtle Callahan Affiliation** **Mandatory if opening a Hirtle Account**

Client/EE Number

Affiliation Type

Client/EE Number

Portfolio Record

Currency **22 USD US DOLLAR**

Type of Portfolio **Principal**

Portfolio Name **JEFFREY EPSTEIN P CUSTODY USD**

Alt. Portfolio # **. USD P 199**

Type of Portfolio **N/A**

Portfolio Name **JEFFREY EPSTEIN N CUSTODY USD**

Alt. Portfolio # **. USD N 199**

Date Opened **4/10/2014 21:21**

Capacity Code **20 CUSTODIAN**

Investment Authority **6 NO RESPONSIBILITY** Acct Code Exten

Investment Objective **199 - CUSTODY** **199**

Voting Authority **2 CUSTOMER VOTES** *If #1 selected, do not add Proxy affiliation*

Taxlot Sale Method **4 highest cost (maximum loss)**

Setup Sweep **Yes**

Sweep Strategy **43 - DWS GOV'T CASH FUND [999010GC1]**

Affiliation Adds

Affiliation Type **251 MUTUAL FUND REPORT RECIPIENT**

Is the affiliation an existing client record on Global Plus **No** Internal Client #

If new client complete the appropriate information for the owner affiliation: Client Title

Fist Name	Last Name
Individual Client Name	
Name Extension Field or Corporate Name	
SAME AS OWNER	
Street #	Street Name
Address Line 1	
Mailing Info	
City	State
Zip Code	Country
Name Type	SSN
Date of Birth	<i>Mandatory for IRA Account</i>
Branch	38: DB NY DOMESTIC - CUSTODY ACCT [E214730]
Identify any other affiliation types this client may be on this account:	
231 MUTUAL FUND PROXY RECIPIENT	
252 CORPORATE ACTION RECIPIENT	

Affiliation Adds

Affiliation Type
Is the affiliation an existing client record on Global Plus No Internal Client #

If new client complete the appropriate information for the owner affiliation: Client Title

Individual Client Name: Fist Name, Last Name, Name Extension Field or Corporate Name
Street #: Street Name
Address Line 1
City, State, Country, Zip Code, Name Type, SSN, Date of Birth (Mandatory for IRA Account), Branch
Identify any other affiliation types this client may be on this account:

Affiliation Adds

Affiliation Type
Is the affiliation an existing client record on Global Plus No Internal Client #

If new client complete the appropriate information for the owner affiliation: Client Title

Individual Client Name: Fist Name, Last Name, Name Extension Field or Corporate Name
Street #: Street Name
Address Line 1
Mailing Info, City, State, Country, Zip Code, Name Type, SSN, Date of Birth (Mandatory for IRA Account), Branch
Identify any other affiliation types this client may be on this account:

Affiliation Adds

Affiliation Type
Is the affiliation an existing client record on Global Plus Internal Client #

If new client complete the appropriate information for the owner affiliation: Client Title

Individual Client Name: Fist Name, Last Name, Name Extension Field or Corporate Name
Street #: Street Name
Address Line 1
Mailing Info, City, State, Country, Zip Code, Name Type, SSN

Date of Birth *Mandatory for IRA Account*
Branch
Identify any other affiliation types this client may be on this account:

Affiliation Adds

Affiliation Type
Is the affiliation an existing client record on Global Plus Internal Client #
If new client complete the appropriate information for the owner affiliation: Client Title

Fist Name Last Name
Individual Client Name
Name Extension Field or Corporate Name
Street # Street Name
Address Line 1
Mailing Info
City State
Zip Code Country
Name Type SSN
Date of Birth *Mandatory for IRA Account*

Branch
Identify any other affiliation types this client may be on this account:

Affiliation Adds

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Address Line 1
Mailing Info
City State
Zip Code Country
Name Type SSN
Date of Birth *Mandatory for IRA Account*

Branch
Identify any other affiliation types this client may be on this account:

Affiliation Adds

Affiliation Type

Is the affiliation an existing client record on Global Plus Internal Client #

If new client complete the appropriate information for the owner affiliation: Client Title

Individual Client Name	Fist Name		Last Name	
Name Extension Field or Corporate Name	<input type="text"/>			
Street #	<input type="text"/>			
Address Line 1	<input type="text"/>			
Mailing Info	<input type="text"/>			
City	<input type="text"/>		State	<input type="text"/>
Zip Code	<input type="text"/>		Country	<input type="text"/>
Name Type	<input type="text"/>		SSN	<input type="text"/>
Date of Birth	<input type="text"/>		<i>Mandatory for IRA Account</i>	
Branch	<input type="text"/>			
<i>Identify any other affiliation types this client may be on this account:</i>	<input type="text"/>			

REVIEWED

By mahpras at 11:57 am, Apr 10, 2014

PRASHANT MAHENDRU
Name

4/10/2014
Date

APPROVED

By yadadhr at 9:25 pm, Apr 10, 2014

DHRUV YADAV
Name

4/10/2014
Date