



Power of Attorney (PWM) (Not for use when naming a professional Investment Advisor)

Account Name: _____

Initial here to have this authorization apply to all accounts at UBS Financial Services Inc. in the same name, whether currently open or opened in the future _____

This will confirm the authority of Daniel Kesner (Agent Name)

to perform each of the actions initialed below and to take any and all actions necessary for or incidental to carrying out such authorizations including the execution of documents or forms or other authorizations.

Note: When used in this document, the words "I", or "me" or "my" refer to each of the client(s)/principal(s), individual(s) or entit(ies), that executes this Power of Attorney.

Each client must initial in the box next to each agency granted. PLEASE SEE IMPORTANT DISCLOSURES REGARDING TRADING AUTHORIZATION FOR UBS PACE AND STRATEGIC ADVISOR ACCOUNTS ON PAGES 2 AND 3.

Trading Authorization

I initial here to authorize my Agent to enter orders with you to purchase and sell securities and similar property (including options transactions), in accordance with the qualifications, eligibility and general terms and conditions for my account(s), as brokers or dealers acting for my own account(s), or as brokers for some other person.

Managed Account Authorization

I initial here to authorize my Agent to enroll my account in any investment advisory program offered by UBS, to execute the Investment Advisory Relationship Agreement or applicable forms, and specifically to hire and terminate discretionary and non-discretionary investment managers. I understand that the Advisory Relationship Agreement, whether executed by me or my Agent, will apply to all UBS advisory program accounts that I may open in the future.

Disbursement Authorizations

I initial here to authorize my Agent to instruct UBS to transfer money or securities to accounts held in my name or for my benefit, and to make tax withholding elections on my behalf in connection with any transfer authorized under this Power of Attorney. Such transfers may be effected by methods which include but are not limited to journal entries, wire transfer, electronic funds transfer or checks.

Tax Documents Authorization

I initial here to authorize my Agent to make, execute and present tax forms, including without limitation all US Internal Revenue Service Forms W-8 and W-9, as applicable, and any related documents.

Duplicate Account Information Authorization

I initial here to authorize my Agent to receive a duplicate copy of all confirmations, statements and other communications.

Multiple Agents

If I have designated multiple agents to act on my account(s), I direct that each agent is authorized to act **independently** of any other agent. If UBS Financial Services Inc. determines, in its sole discretion, that it is receiving conflicting instructions from agents that I have designated, I authorize UBS Financial Services Inc., in its discretion to stop taking instructions from any of my agents until the conflict is resolved either at my direction or by my designated agents.

*Sign this section if you intend that multiple agents must act **jointly**. Unless signed below, you authorize each agent to act **separately**.*

If I have designated more than one agent for my accounts, I direct that UBS Financial Services Inc. act only upon the joint instructions of all designated agents.

	_____	_____	_____	_____
	Client First Name	Last Name	Signature	Date





Agreement

By signing below, I agree to indemnify and hold harmless UBS and its affiliates and all of their employees and agents from and against any and all claims that may arise by reason of UBS having relied on the provisions of this instrument. I acknowledge and agree that my agent is authorized to make any trade for which my account is eligible or approved, including margin trades and short sales and to receive any and all account information. I hereby ratify, confirm and agree to be bound by any and all transactions, trades or dealings, whether written or verbal, effected in and for my account(s) by my agent in connection with the authority granted in this instrument, including, but not limited to, the execution of documents, forms or agreements or any authorizations. If I have instructed that this Power of Attorney be accepted in a Trust or Business Service Account, I expressly acknowledge and agree that, by signing below, I delegate the foregoing authority I have as Trustee or Officer, Member, Manager, Partner or other representative duly authorized, and sign this Power of Attorney in such representative capacity or capacities as applicable for the accounts to which this authorization applies.

This Power of Attorney will be subject to, controlled by and interpreted in accordance with the laws of the State of New York, without giving effect to any principles of choice of law or conflict of laws (notwithstanding any provision to the contrary contained in any application for any account at UBS or in any other document).

UBS is entitled to rely on this Power of Attorney until written notice of its revocation is delivered to the branch office where the account is maintained and receipt is acknowledged by UBS. **Enrollment in discretionary UBS Investment Advisory programs will, for those accounts, immediately and effectively revoke any trading authorization granted herein.** In addition, some of the services you have selected may be subject to limitations on their availability as required by law, regulation, rule or our policies, and under those circumstances, these services may be terminated or declined in UBS' sole discretion. **For example, UBS Financial Advisors cannot be appointed Power of Attorney in any retirement account.**

This is an important legal document. Before executing this document, you should know these important facts:

- This document may provide the person you designate as your agent/attorney-in-fact with broad powers, including power to manage, sell, dispose of the assets in your account or borrow money using your property as security for the loan.
- If you are using this Power of Attorney in a Retirement Account, you should be aware that the agent is not authorized under this document to make or change beneficiary designations on your account.

If Power of Attorney is granted on behalf of an entity (e.g. trust), please provide the client name(s) and your name as representative of that client (e.g., "as trustee").

IMPORTANT NOTICE FOR PACE/STRATEGIC ADVISOR ACCOUNTS: Ongoing advice from the UBS Financial Advisor is a principal component of the services clients pay for in these programs. As such, clients may not designate a Power of Attorney for the purpose of obtaining investment advice on a UBS PACE/Strategic Advisor account. This includes registered or unregistered investment advisors, consultants, financial planners or similar parties.

Ghislaine
Sign + Date

Ghislaine Maxwell
Client First Name Last Name Signature Date

Sign

Client First Name Last Name Signature Date

In the presence of (cannot be the Agent):

Witness
Sign + Date

Witness First Name Last Name Signature Date

Client must sign and date in the presence of a witness who must also sign and date this form.

IMPORTANT NOTICE FOR PACE/STRATEGIC ADVISOR ACCOUNTS: Ongoing advice from the UBS Financial Advisor is a principal component of the services clients pay for in these programs. As such, clients may not designate a Power of Attorney for the purpose of obtaining investment advice on a UBS PACE/Strategic Advisor account. This includes registered or unregistered investment advisors, consultants, financial planners or similar parties. By signing below, I confirm that I am not providing investment advice or consulting services to the client granting me agency on this account.

Daniel
Sign + Date

Daniel Kesner
Agent First Name Last Name Signature Date



ADDITIONAL INFORMATION (To Be Completed by Agent)
Basic Information
 Check here if agent is UBS Financial Advisor or a registered associated person at UBS

Daniel Kesner
 Agent First Name Middle Name Last Name

Country of Citizenship:
 USA Other: (specify) _____ Passport/Cedula: _____ SSN _____

Address Line 1 _____ Address Line 2 _____
 City _____ State/Province _____ Zip/Postal Code _____ Country United States of America

Home phone _____ Agent's Relationship, if Any, to Principal _____ Agent's Account No. With UBS (if Any) _____

Financial Information

Investment Experience: How many years have you held investment accounts? _____ years

- Which best describes your knowledge of investments? I know very little about financial markets and market investments.
 I have a good understanding of financial markets and market investments.
 I am an experienced investor in financial markets and market investments.

Personal Information

Date of Birth: _____

Is the Agent affiliated with any securities firm, excluding UBS and its affiliates, broker/dealer subsidiary of a financial institution, securities or commodities exchange, self-regulatory organization or the UBS auditor (currently Ernst & Young)? (NYSE Rule 407)

No Yes (If blank, Firm assumes No). If yes, specify affiliated firm/organization: _____

If you answer "yes" to the NYSE Rule 407 question, approval must be obtained from the specified firm/organization before the account can be opened or trading authority becomes effective.

Is the Agent an employee or related to an employee of UBS AG, its subsidiaries or affiliates (e.g., UBS Financial Services Inc., UBS Securities LLC)?

No Yes, specify Affiliate/Subsidiary _____

Employee First Name _____ Last Name _____ SSN _____

Employment Information

Occupation, Employer Name and Address are only required if your employment status is "employed" or "self-employed".

Status (select one):

- Employed Self-Employed Student Retired Self-Supported Volunteer Unemployed Work in the Home

Occupation _____ Business Phone (optional) _____ Business Fax (optional) _____

Employer Name _____ Industry (i.e., Construction, Service, etc) (optional) _____

Address Line 1 _____ Address Line 2 _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

