



UBS Financial Services Inc.

Account Number _____

TIN _____

Authorized Agent/Dual Signor Addendum

To add an additional check user on the Resource Management Account* (RMA*) or Business Services Account BSA*, complete the Authorized Agent for RMA/Business Services Account BSA Check Writing and the Account Holder Certification sections. To remove an authorized agent, complete the Authorized Agent Removal and the Account Holder Certification sections. If the dual-signature option is selected on the Account Application, complete the Dual Signors for RMA/Business Services Account BSA Check Writing and the Account Holder Certification sections. **The Account Holder must sign the Account Holder Certification section located on the next page.**

Authorized Agent for RMA/Business Services Account BSA Check Writing

Each additional check user (who is not a minor) named below is appointed an agent to me, unaffected by my subsequent disability or incompetence, to effect checking transactions in my designated UBS Financial Services Inc. account. As indicated below, the additional check user is authorized to act on my behalf to write checks for the payment or withdrawal of funds drawn on the designated UBS Financial Services Inc. account or payable to me and bearing the signature or signatures now or hereafter authorized by me without limit as to amount, without inquiry and without regard to its application. UBS Financial Services Inc. will send all confirmations, notices, demands, statements and other communications regarding checking activity in the designated UBS Financial Services Inc. account to me. UBS Financial Services Inc. owes no obligations to additional check users, but is not required to, act on instructions or respond to communications from such additional users.

Robert *Kuchner*
 Agent First Name Last Name
 Country of Citizenship: USA Other (specify): _____ Date of Birth SS#
 Passport/Cedula: _____
 Address Line 1 Address Line 2
 City State/Province Zip/Postal Code United States of America
 Country

Home Phone _____
Additional fees may apply. Please see New Account booklet for details.

Sign Here only if adding an authorized agent

Robert *Kuchner* *Robert Kuchner* x *2/5/16*
 Agent First Name Last Name Agent Signature Date

Authorized Agent Removal for RMA/Business Services Account BSA Check Writing

If you are removing an authorized agent, please print the name of the agent you are removing below.

Specify Name only if removing an agent.

Agent First Name _____ Last Name _____

0159442762





Authorized Agent/Dual Signor Addendum

Dual Signors for RMA/Business Services Account BSA Check Writing

Dual-Signature checks require two signatures at all times. If you are designating more than two signors and you would like one of the signors to be required, at all times, please check "Required" next to the signor's name. Only one individual can be a required signor. If you do not designate a required signor, please specify all signors as optional. If the individual designated below is not a UBS Financial Services Inc. client (i.e. account holder, authorized agent, power of attorney, etc.) also complete the Authorized Agent for RMA/Business Services Account BSA Check Writing section above.

Check here if you do **NOT** want UBS Financial Services Inc. to order new dual signature checks. If checked, you will be responsible for obtaining checks with dual signatures. UBS Financial Services Inc. will not accept single signature checks.

Dual Signor First Name _____ Last Name _____
Specify the type of signor. Required Optional

Dual Signor First Name _____ Last Name _____
Specify the type of signor. Required Optional

Sign Here only if adding a Dual Signor.

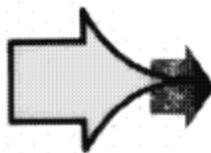
Dual Signor's Signature _____ Date _____

Dual Signor's Signature _____ Date _____

Note: You must complete and sign a new addendum to add, remove or update dual signors. UBS Financial Services Inc. will rely on the most recently dated addendum to supercede and replace any other previous dual signor addendum on file.

Account Holder Certification

By signing below, I UNDERSTAND, ACKNOWLEDGE AND AGREE that (1) I have reviewed all of the information contained in this addendum and I declare it as true and accurate and (2) UBS Financial Services Inc. is authorized to rely upon the authority conferred by this document until UBS Financial Services Inc. receives an updated copy of this form revoking or modifying this addendum.



Ghislaine _____ Maxwell _____ X _____ X _____
Account Holder First Name Last Name Account Holder Signature Date



Account Holder First Name Last Name Account Holder Signature Date

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