



UBS Financial Services Inc.

Account Number \_\_\_\_\_

Check here if this document applies to multiple accounts.

## Letter of Authorization for Duplicate Recipient of Tax Records

This letter authorizes UBS Financial Services Inc. to send a copy of your tax form for the below account(s) to the following interested party(ies). Such authorization will continue for ten years unless terminated by UBS Financial Services Inc. or until you notify UBS Financial Services Inc. in writing of your decision to terminate the mailing of your tax reports to the parties below.

Be advised that the service only pertains to your form 1099, 1099R or 1099Q. If you are eligible to receive a different tax report, this will not be sent to the below parties. Also be aware that if you are a beneficiary on an account or a participant of a qualified plan, you are not eligible to enroll the account to send duplicate tax information to a third party.

### Interested Party Information (may select up to four)

#### INTERESTED PARTY

Alan		Blecher
First Name	Middle Name	Last Name
██████████		
Address Line 1		Address Line 2
New York	NY	10017
City	State	Zip
██████████		██████████
Email Address		Phone
Ghislaine	Maxwell	
Account Owner First Name	Last Name	
		
		Date
		2-12-16

0159495149





UBS Financial Services Inc.

Account Number \_\_\_\_\_

Check here if this document applies to multiple accounts.

## Letter of Authorization for Duplicate Recipient of Tax Records

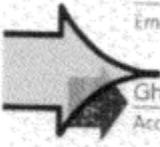
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**Interested Party Information** (may select up to four)

**INTERESTED PARTY**

Robert		Kuchner
First Name	Middle Name	Last Name
685 Third Avenue		
Address Line 1		Address Line 2
New York	NY	10017
City	State	Zip
Rkuchner@markspaneth.com		2123306060
Email Address		Phone



Ghislaine	Maxwell		2-12-16
Account Owner First Name	Last Name	Account Owner Signature	Date

0159495149



1-855-217-9863



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 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 and may, but is not required to, act on instructions or respond to communications from such additional users.

*idea* →

Robert Kuchner  
 Agent First Name Last Name  
 Country of Citizenship:  USA  Other (specify): \_\_\_\_\_ Date of Birth SSN  
 Passport/Cedula: \_\_\_\_\_  
 Address Line 1: 685 Third Ave  
 Address Line 2: \_\_\_\_\_  
 City: New York, NY State/Province: NY Zip/Postal Code: 10017 Country: United States of America

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

Sign Here only if adding an authorized agent

*Ruben* →

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

#### 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.

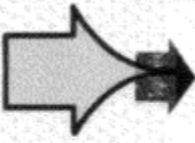
Dual Signor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_  
Account Holder First Name Last Name

  
Account Holder Signature

X 2-12-14  
Date



\_\_\_\_\_  
Account Holder First Name Last Name

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

0159442762





UBS Financial Services Inc.

Account Number \_\_\_\_\_

TIN \_\_\_\_\_

### Authorized Agent/Dual Signor Addendum

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#### 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 and may but is not required to, act on instructions or respond to communications from such additional users.

an in →

Alan Blecher 11/9/60 150-56-8725  
 Agent First Name Last Name Date of Birth SSR  
 Country of Citizenship  USA  Other (specify) \_\_\_\_\_ Passport/Cedula US  
 Address Line 1 Marks Paneth LLP 685 Third Avenue  
 Address Line 2  
 City New York NY 10017 United States of America  
 State/Province Zip/Postal Code Country  
 Home Phone 212-729-7799  
 Additional fees may apply. Please see New Account booklet for details.

Sign Here only if adding an authorized agent

Alan Blecher Alan Blecher x 1/15/16  
 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.

Daniel Kesner  
 Agent First Name Last Name

0159438627





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.

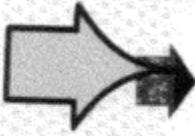
Dual Signor's Signature Date

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Ghislaine Maxwell
Account Holder First Name Last Name

[Handwritten Signature]
Account Holder Signature

2-12-16
Date



Account Holder First Name Last Name

Account Holder Signature

Date

0159442762

