



Electronic Funds Transfer Service continued

UBS Financial Services Inc. Accounts

Complete the information below for your other UBS Financial Services Inc. accounts.

DESIGNATED UBS ACCOUNT

UBS Financial Services Inc. Account Number

Ghislaine Maxwell

Account Title/Name

Internal Account Permission: (select all that apply)

Deposit to authorized internal account  Withdraw from authorized internal account

Recurring Transfers:  Yes  No

\$ \_\_\_\_\_  
Recurring Amount (\$100,000 maximum - ResourceLine)  
(\$1,000,000 maximum - UBS Online Services)

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Start date may not be greater than 1 year from the current date and end date not greater than 30 years from current date.

Frequency: (select one)  Weekly  Bi-weekly  Monthly  Quarterly  Semi-annually  Annually

Recurring Permission: (select one) must also be selected as an internal account permission above

Deposit to authorized internal account  Withdraw from authorized internal account

Allow UBS to initiate transfers to or from this internal account upon Verbal Authorization:

By signing below, you authorize UBS Financial Services to accept verbal authorization from any person with authority over this Account to initiate "On Demand" transfers to or from the above internal account identified up to \$ \_\_\_\_\_ (max. amount \$100,000 if left blank). This authorization will remain in effect until cancelled by a person with authority over this account. You must also select one of the Internal Account Permissions above.

One-Time Transfer: Check the box at left if you do **not** wish to allow verbal authorization for UBS to initiate transfers to this internal account and we will use this authorization as instructions for a one time transfer only.

Branch Initiated Transfers require the client's verbal consent for the branch to initiate the transfer and are limited to the Internal Account Permission selected for that account.

Client Authorization

I authorize UBS Financial Services Inc. and its processing institution (the "Processing Bank") to initiate the types of transactions indicated above (including adjustments for any entries made in error) to or from my account(s) listed above, and authorize the depository(ies) named on my Authorized External Account(s) or UBS Financial Service Inc. to debit and/or credit the requested transactions to my accounts. I authorize UBS Financial Services Inc. and the Processing Bank to make changes and/or cancellations to transactions requested by me. I further acknowledge that electronic funds transfers under this authorization may be processed as automated clearing house (ACH) debit and credit entries.

I understand these instructions will remain in effect until UBS Financial Services Inc. has received written notification from me of termination or modification in such time and manner as to afford UBS Financial Services Inc. a reasonable opportunity to act on it. If I close or change any account listed above, I will promptly notify UBS Financial Services Inc. of this change.

I authorize UBS Financial Services Inc. at its discretion to discontinue the electronic funds transfer service from any accounts listed above if I fail to maintain adequate funds in such account(s) to cover my requested transfers. All electronic funds transfers will be initiated in accordance with this authorization and the terms and conditions governing my account. I acknowledge that the initiation of electronic funds transfers must comply with applicable U.S. law.



Ghislaine Maxwell  
Account Holder First Name Last Name

*[Handwritten Signature]*  
Account Holder Signature

May 2nd 2016  
Date

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