



Electronic Funds Transfer Service



Permissions for Non-UBS Financial Services Inc. Accounts ("External Accounts")

Complete the information below to make transfers to or from your accounts at financial institutions other than UBS Financial Services Inc.

To authorize UBS to initiate withdrawals from an external account, **please complete the information below and attach a voided check (for checking accounts) or a deposit slip (for savings accounts)**. If neither is available a client statement or letter on bank stationery confirming account title, account number, and ABA routing number is sufficient.

NOTE: To initiate withdrawals from an external account that you have authority over, but is titled differently, a signed Letter of Authorization from all other account holders is required.

External Account Information

Capital One

Name of Financial Institution

██████████

ABA Routing Number

██████████

Financial Institution Telephone Number

Brian Yurasits

Account Title/Name

Account Number

Account Type: Savings Checking

For a money market account, select "Checking" account type.

External Account Permission: (select all that apply)

Select all types of transactions that you authorize UBS to initiate upon instructions from authorized persons. Instructions may be given through a UBS representative, UBS Resource Line, UBS Online Services or this form subject to verification (\$100,000 maximum via ResourceLine. \$1,000,000 maximum via UBS Online Services)

- Deposit to External Account
- Withdraw from External Account (including Withdrawals to Pay UBS Credit Card)

Permissions for other UBS Financial Services Inc. Accounts ("Internal Accounts")

Complete the information below to make transfers to or from other UBS Financial Services Inc. accounts.

UBS Financial Services Inc. Account Number

Account Title/Name

Internal Account Permission: (select all that apply)

- Deposit to authorized internal account
- Withdraw from authorized internal account

Allow UBS to Initiate "On Demand" Transfers to or from Accounts 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 any account listed above 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 Account Permissions above.

- Decline on Demand Transfers.** Check the box at left if you do **not** wish to allow verbal authorization for UBS to initiate transfers to or from accounts listed above.

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

Fill out the below for recurring transfer/payment instructions

Payment Type	Starting Process Date	End Date	Frequency	Amount	Bank or RMA Account Number
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Account Title

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Payment Type	Starting Process Date	End Date	Frequency	Amount	Bank or RMA Account Number
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Account Title

Fill out the below for one-time transfer/payment instructions

Payment Type	Starting Process Date	Amount	Bank or RMA Account Number
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Account Title

Payment Type	Starting Process Date	Amount	Bank or RMA Account Number
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Account Title

Payment Type—Indicate whether transfer is a withdrawal "W" from your External or Internal account or "D" deposit to your External account or "P" for withdrawals to pay your UBS credit card. Payment type must be indicated for each transaction.

Starting Process Date—Enter the Process Date that the Deposit/Withdrawal/Credit Card Payment should be initiated. For recurring withdrawals to pay your UBS credit card, valid Process Dates are between the 10th and 20th of the month.

End Date—Enter an end date for the final Deposit/Withdrawal/Payment. The final transactions will process on this date.

Frequency for recurring payments only—Enter one of the following: Weekly, Bi-weekly, Monthly, Quarterly, Semiannually or Annually. For withdrawals to pay your UBS credit card enter Monthly.

Amount—Enter amount you wish to have deposited/withdrawn for each instruction listed. For withdrawals to pay your UBS credit card enter Statement Balance, Minimum Due, or a fixed dollar amount.*

Bank or RMA Account Number—Indicate the bank /credit union account number from which you wish to make deposits/withdrawals or the RMA account number you wish to make deposits to or withdrawals from.

Bank Name or RMA Account Title—Indicate name of bank/credit union or the RMA account you wish to make deposits to or withdrawals from.

*NOTE: For withdrawals to pay your UBS credit card: If your Minimum Payment Due for any month is greater than the Fixed Payment Amount you selected, you authorize us to deduct that Minimum Payment Due instead. If your Statement Balance for any month is less than the Fixed Payment Amount you selected, you authorize us to deduct that Statement Balance instead.

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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 when I authorize a withdrawal from an authorized external account to pay my UBS credit card, UBS Financial Services will initiate an electronic funds transfer from my authorized external account and make a bill payment to UBS Bank USA.

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 and bill payment service from any accounts listed above if I fail to maintain adequate funds in such account(s) to cover my requested transfers or payments. 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

X
Account Holder Signature

X
Date



Account Holder First Name Last Name

Account Holder Signature

Date

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