



Paulina Sepulveda

Investment Consultant

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Fax Number: [REDACTED]

MIA 92386

Facsimile Transmittal

To: Southern Trust Co **Fax:** [REDACTED]

From: Paulina Sepulveda **Date: 5/8/2014**

Re: Forms Client Requested via Fax **Pages: 4**

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Entity Authorized Agent Form

PO Box 2209 ■ Omaha, NE 68103-2209

Fax: [REDACTED]

Questions? Call a Client Services representative at 800-669-3900.

Update to an existing account New account

1. ENTITY INFORMATION

Account Number: [REDACTED]

Tax ID Number: [REDACTED]

Title of Entity:
Southern Trust Co, Inc

Business Address:
(no PO box or mail drop) 6100 Red Hook Quarter B3

City:
St. Thomas

State:
USVI

ZIP Code: 0 0 8 0 2

Mailing Address:
(if different from above)

City:

State:

ZIP Code:

Primary Phone: [REDACTED]

Secondary Phone:

Fax Number:

Email Address (required for electronic delivery of
your account statements and trade confirmations):

U.S. Entity Foreign Entity - Country of Formation:
(complete appropriate Form W-8)

State/Province of Formation/Organization:
United States Virgin Islands

Type of Business:
Consulting

Is this a Pooled Investment Vehicle? Yes No

If this is a trust account, please specify name of Grantor and date of formation:

If a Corporate account, please indicate if this is an S-Corporation by checking here.

If this entity is a publicly traded company, please specify the stock symbol:

2. AUTHORIZED AGENT/PARTNER/TRUSTEE/OFFICER INFORMATION

Prefix:
 Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:
Jeffrey Epstein, President

Date of Birth:
(MM-DD-YYYY) [REDACTED]

U.S. Social Security Number
(SSN)* [REDACTED]

Home Address:
(no PO box or mail drop) [REDACTED]

City:
St. Thomas

State:
USVI

ZIP Code: [REDACTED]

Please specify if you are:

Unemployed Retired Homemaker Student Self-Employed

Source of Income (if retired or unemployed):
Financier

Employer Name:
Southern Trust Company, Inc.

Occupation/Type of Business:
Financier/Consulting

Employer Street Address:
[REDACTED]

City:
St. Thomas

State:
USVI

ZIP Code: [REDACTED]

*If none, please submit a photocopy of your passport.



AUTHORIZED AGENT/PARTNER/TRUSTEE/OFFICER INFORMATION

Prefix: Mr. Mrs. Ms. Dr. Rev. Full Legal Name: _____

Date of Birth: (MM-DD-YYYY) _____ U.S. Social Security Number: (SSN)* _____

Home Address: (no PO box or mail drop) _____

City: _____ State: _____ ZIP Code: _____

Please specify if you are: Unemployed Retired Homemaker Student Self-Employed Source of Income (if retired or unemployed): _____

Employer Name: _____ Occupation/Type of Business: _____

Employer Street Address: _____

City: _____ State: _____ ZIP Code: _____

*If none, please submit a photocopy of your passport.

AUTHORIZED AGENT/PARTNER/TRUSTEE/OFFICER INFORMATION

Prefix: Mr. Mrs. Ms. Dr. Rev. Full Legal Name: _____

Date of Birth: (MM-DD-YYYY) _____ U.S. Social Security Number: (SSN)* _____

Home Address: (no PO box or mail drop) _____

City: _____ State: _____ ZIP Code: _____

Please specify if you are: Unemployed Retired Homemaker Student Self-Employed Source of Income (if retired or unemployed): _____

Employer Name: _____ Occupation/Type of Business: _____

Employer Street Address: _____

City: _____ State: _____ ZIP Code: _____

*If none, please submit a photocopy of your passport.

Please make additional copies if necessary.

3. AFFILIATIONS

- Check here if any Partner/Authorized Agent, Trustee, Officer, any member of their immediate family or any business associate of theirs is a senior political figure (SPF). Specify the name of the Authorized Agent, the name of the SPF, political title, relationship to the Authorized Agent and country of office: _____
- Check here if any Partner/Authorized Agent, Trustee or Officer is a director, 10% shareholder or policy-making officer of a publicly traded company. Specify the name of the Authorized Agent, the company ticker symbol, name, address, city, and state/province: _____
- Check here if any Partner/Authorized Agent, Trustee or Officer is licensed or employed by a registered broker/dealer, securities exchange or member of a securities exchange. We must receive a compliance letter along with this application. Specify the name of the Authorized Agent: _____

4. INVESTMENTS PERMITTED

The undersigned certify that the entity permits purchases and sales of securities in the following types of accounts as well as all transaction types indicated below:

- Cash
- Margin
- Options: Write covered calls, write cash-secured puts
- Purchase options
- Create spreads
- Write uncovered options

5. ACCOUNT AGREEMENT

In this agreement, "Account Owner," "I" and "my" refer to the entity for which this account is established and/or the natural person(s) authorized to represent and act on behalf of the entity. Under penalties of perjury, I certify (1) that the Social Security Number shown on this form is my correct taxpayer identification number, (2) that I am not subject to backup withholding, and (3) that I am a U.S. person (including a resident alien); provided, however, if I am a nonresident alien as disclosed in this application, I do not certify that I am a U.S. person and I understand that I must submit a Form W-8BEN. If I have been notified by the IRS that I am subject to backup withholding as a result of dividend or interest underreporting, I must cross out (2) in this certification. I acknowledge that I have received and read the "Client Agreement," available at www.tdameritrade.com or by calling 800-869-3900, that will govern my account. I agree to be bound by the "Client Agreement" which may be amended from time to time and which is incorporated by this reference. I release and agree to indemnify and hold harmless TD Ameritrade, Inc., its divisions and affiliates thereof ("TD Ameritrade") from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement. By my signature below, I attest that I am of legal age to contract and that the information contained in this application is true and correct. The "Client Agreement" applicable to this brokerage account agreement contains predispute arbitration clauses. By signing this agreement, the parties agree to be bound by the terms of the agreement, including the arbitration agreement located in Section 12 of the Client Agreement. All securities, dividends and proceeds will be held at TD Ameritrade Clearing, Inc. unless otherwise instructed. I understand that TD Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade Clearing, Inc. I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below. I understand that non-deposit investments purchased through TD Ameritrade are not insured by the Federal Deposit Insurance Corporation (FDIC), are not obligations of or guaranteed by any financial institution and are subject to investment risk and loss that may exceed the principal invested. **Important information about procedures for opening a new account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding. All Authorized Agents, Partners, Trustees and Officers must provide their signatures below.**

I am the sole officer. Single Member LLC

<input checked="" type="checkbox"/> Authorized Agent's Signature:	Title:	Date:
<input checked="" type="checkbox"/> Authorized Agent's Signature:	Title:	Date:
<input checked="" type="checkbox"/> Authorized Agent's Signature:	Title:	Date:

If this form is being used to update an authorized agent on an existing TD Ameritrade account, then the rescinding officer needs to sign below.

<input checked="" type="checkbox"/> Rescinding Authorized Agent's Signature:	Title:	Date:
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Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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Agent Authorization Limited to Account Inquiry

PO Box 2760 • Omaha, NE 68103-2760

Fax: [REDACTED]

This form only grants the ability to inquire about account status, transfers, positions or balances. The undersigned hereby authorizes

Authorized Agent (the "inquiring Agent"):

Account Number(s):

(whose signature appears below) as the undersigned's agent to inquire about account status, transfers, positions and balances for the undersigned's account and in the undersigned's name or number on TD Ameritrade's books in accordance with the terms and conditions set forth in the Standard Account Agreement, and those terms and conditions otherwise established by TD Ameritrade. If the undersigned is a fiduciary on the account, then the undersigned hereby states and affirms that this authority is granted in such fiduciary capacity and within the fiduciary powers consistent with the fiduciary duties of said fiduciary. The undersigned hereby agrees to indemnify and hold TD Ameritrade harmless from and to pay promptly on demand any and all losses arising therefrom or debit balances due thereon.

This authorization and Indemnity is in addition to (and in no way limits or restricts) any rights which TD Ameritrade may have under any other agreement or agreements between the undersigned, the Introducing Broker, and TD Ameritrade.

This authorization and indemnity is a continuing one and shall remain in full force and effect until revoked by the undersigned by a written notice addressed to the Introducing Broker and delivered to its office. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to receipt by the Introducing Broker and the Clearing Broker of written notice of such revocation. This authorization and indemnity shall inure to the benefit of the Introducing Broker and TD Ameritrade and of any successor firms irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever and of the assigns of the Introducing Broker and TD Ameritrade of any successor firm(s).

This authorization supersedes any prior inquiring authorization the undersigned may have executed with regard to his/her account with the Introducing Broker and TD Ameritrade.

Original Signature required; electronic signatures and/or fonts are not authorized.

ACCOUNT OWNER

Printed Name:

Account Owner Signature:

Date: _____

ACCOUNT CO-OWNER (If Joint account, both owners must sign.)

Printed Name:

Account Co-Owner Signature:

Date: _____

INQUIRING AGENT

Full Legal Name:

Date of Birth: (MM-DD-YYYY) _____

Phone Number: _____

Street Address:

City: _____

State: _____

ZIP Code: _____

Email Address:

Employer Name: _____

Occupation: _____

Agent Signature:

Date: _____

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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