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1997

FIRSTBANK
ST. THOMAS, VI 00802
101-72852216

4/8/2019

SOUTHERN TRUST COMPANY, INC.
6100 RED HOOK QUARTERS B3
ST. THOMAS, VI 00802

PAY TO THE ORDER OF Charles Schwab & Co., Inc.

\$**250,000.00

Two Hundred Fifty Thousand and 00/100***** DOLLARS

PROTECTED AGAINST FRAUD

Charles Schwab & Co., Inc.

Darren Wudofin

MEMO

⑈001997⑈ ⑆221672851⑆ 721⑆1⑆098521⑈

SOUTHERN TRUST COMPANY, INC.
Charles Schwab & Co., Inc.

1997

4/8/2019

250,000.00

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250,000.00

Intuit® CheckLock™ Secure Check Details on Back

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Instructions for the Schwab One® Account Application for Incorporated Organizations

1-800-435-4000 (inside the U.S.) | +1-415-667-8400 (outside the U.S.) | 1-888-686-6916 (multilingual services)

Instructions for How to Open a Schwab One Incorporated Organization Account

- You must meet a \$250,000 relationship minimum across all Schwab accounts and complete this application to open a new Schwab Incorporated Organization Account.
- If you are submitting a handwritten form, please print in ALL CAPITAL LETTERS.
- This application is only for use by organizations incorporated and domiciled in the United States. If your Organization is a non-incorporated organization (sole proprietorship, partnership, limited liability company, unincorporated association, etc.) or a non-U.S. organization, please contact us for the correct account application.
- If the Organization wishes to request option, margin, and short trading, please complete and submit a separate Add Options Trading and Margin to Your Account form.
- If the Organization wishes to have the ability to write checks in the account, please complete and submit a Checkwriting and Visa® Debit Card Application for Organization Accounts.
- If the Organization wishes to fund this account by transferring assets from another brokerage firm, please also submit a Transfer Your Account to Schwab form.
- A minimum of two signatures of corporate officers are required to open an account. One signature must be from the Chairman of the Board, the President, or any Vice President; the second signature must be from the Secretary, any Assistant Secretary, the Chief Financial Officer, the Treasurer, or any Assistant Treasurer.

Schwab, like all U.S. financial institutions, is required to follow federal regulations to assist the government in its efforts to fight money laundering and other financial crimes. Schwab therefore requests specific information and documentation in order to verify the identity of an entity applying for a Schwab account, as well as the identities of that entity's Control Persons, Authorized Individuals, and Beneficial Owners. Schwab may require additional documentary evidence demonstrating identity and legal status. Schwab also captures personal information on all customers and related authorized parties who have the ability to transact, control, or manage an account. Schwab has the discretion to not accept an account, to close an account, or to terminate any and all services rendered under the Schwab One Account Agreement at any time.

Return Instructions

- **Upload** online with secure messaging (if you are an existing client and have online access to your account).
 1. Go to [redacted] and log in to your account.
 2. Click Message Center (under Service), and then click Upload Document.
- **Fax** to 1-888-526-7252.
- **Bring** to your nearest Schwab branch (visit [redacted] for locations).
- **Mail** to any of the following addresses:

Regular Mail (West)

Charles Schwab & Co., Inc.
[redacted] Box 982600
El Paso, TX 79998-2600

Regular Mail (East)

Charles Schwab & Co., Inc.
[redacted] Box 628291
Orlando, FL 32862-8291

Overnight Mail (West)

Charles Schwab & Co., Inc.
1945 Northwestern Dr.
El Paso, TX 79912

Overnight Mail (East)

Charles Schwab & Co., Inc.
1958 Summit Park Dr., Ste. 200
Orlando, FL 32810

1-800-435-4000 (inside the U.S.) | +1-415-667-8400 (outside the U.S.) | 1-888-686-6916 (multilingual services)

1. Required Information About the Corporation

Schwab will use the information you provide to open and service your account, communicate with you, and provide information about products and services. Read about Schwab's privacy policy at [redacted]. As required by law, Schwab will use the information provided to verify the identity of the corporation and its Authorized Individuals, Control Persons, and Beneficial Owners. As provided in the Schwab One Application Agreement for Incorporated Organizations, Schwab is also authorized to inquire as to the creditworthiness of the corporation or any person associated with your account.

Type of Organization/Federal Tax Classification (Required—select only one.) <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation			
Name of Corporation (as shown on the charter or other legal document creating the corporation) (Hereinafter referred to as the "Corporation") Southern Trust Company, Inc.		Corporation Tax ID Number 66-0779861	
If Corporation is known by another name, enter name.		Telephone Number (340) 775-2525	
Corporation Street Address (no [redacted] boxes) 6100 Red Hook Quarter B3	City St. Thomas	State USVI	Zip Code 00802
Mailing Address (if different from above, [redacted] boxes may be used)	City	State	Zip Code
Country of Incorporation U. S. Virgin Islands	State of Incorporation USVI	Date of Incorporation (mm/dd/yyyy) 11/18/2011	Corporation's URL Address
Are you a director, 10% shareholder or policymaking officer of a publicly held company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)			

2. Required Information About the Corporation's Primary Business or Professional Activity

2a. To properly categorize and serve your Corporation, we need to know the type of activity in which it is engaged. Please provide the six-digit North American Industry Classification System (NAICS) code that best describes your business (if you don't know your NAICS code, you can look it up at www.census.gov/eos/www/naics).

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2b. Select only one option that most closely reflects the Corporation's primary business and provide the additional requested information (as applicable):

<input type="checkbox"/> Financial Institution Examples of financial institutions include: • Investment funds (pooled/passive investment vehicles) • Private equity vehicles • Broker-dealers • Insurance companies • Venture capital vehicles • Investment Advisors • Banks • Trust companies	Please describe the Corporation's primary purpose(s) and field(s) of activity. Please also provide the name of the government agency that serves as your primary regulator. <input type="checkbox"/> If the Organization is either a U.S. registered broker-dealer or a non-U.S. financial institution and if the assets in the Account are not customer assets, please check this box.
<input checked="" type="checkbox"/> Operating Entity The Corporation provides commercial products or services.	Please describe the commercial products or services that your Corporation provides. Business Consulting Services
<input type="checkbox"/> Non-Operating Entity Examples of non-operating entities include: • Holding companies • Asset protection vehicles • Personal investment companies • Estate planning vehicles • Shell companies	Please describe the Corporation's primary purpose(s) and field(s) of activity.
<input type="checkbox"/> Charitable Organization	Please describe the Corporation's charitable purpose.
<input type="checkbox"/> Governmental Organization This includes any state or political subdivision of a state, including: • Any agency, authority, or instrumentality of the state or political subdivision • A pool of assets sponsored or established by the state or political subdivision or any agency, authority, or instrumentality thereof, including, but not limited to, a "defined benefit plan" as defined in Section 414(j) of the Internal Revenue Code (26 U.S.C. 414(j)) or a state general fund • A plan or program of a government entity • Officers, agents, or employees of the state or political subdivision or any agency, authority, or instrumentality thereof, acting in their official capacity	
<input type="checkbox"/> Tribal Organization • A tribe-governed organization that is created by the tribe or tribal members on reservation land and under tribal laws. (Contact Schwab for additional document requirements.)	



3. Required Information About the Organization's Investment Profile

Annual Income of Corporation

Under \$15,000 \$15,000–\$24,999 \$25,000–\$49,999 \$50,000–\$99,999 \$100,000 or more

Liquid Net Worth of Corporation

Under \$25,000 \$25,000–\$49,999 \$50,000–\$99,999 \$100,000–\$249,999 \$250,000 or more (please specify): \$ 100,000,000.00

Overall Investment Objective of Account

Capital preservation Income Growth Speculation

Source of Funds in Account (Check all that apply.)

Please provide the source of assets that will be deposited or held in the account. If the source is a transfer from another firm, please indicate the source of funds that were used to purchase the assets.

Salary, wages, savings Working capital Investment capital gains
 Corporate income Family, relatives, inheritance Sales of property Other (please specify): _____

Purpose of Account (Check all that apply.)

Business operating revenue and expense processing Investing of retirement funds Investing of college funds
 Investing for estate planning purposes Business payroll processing Business funding
 Investing of pooled assets Investing of business revenue Business cash management and treasury
 General investing Investing for tax benefits
 Other (please specify): _____

4. Required Information About Authorized Individuals, Control Persons and ≥10% Beneficial Owners

Please complete this section for the following:

- Each Authorized Individual
- At least one Control Person of the Organization
- All ≥10% Beneficial Owners

Check here if no single individual or Legal Entity/Trust owns ≥10% of this Organization. You agree to notify Schwab if or when someone owns ≥10% of the Organization in the future. If checked, complete the following for Authorized Individuals and at least one Control Person (e.g., principals, directors, officers, and managing members).

Authorized Individuals	<ul style="list-style-type: none"> • Any individual or representative of an owner, partner, member, officer, employee, or agent of the Organization that is authorized by the Organization to: <ul style="list-style-type: none"> - Buy and sell securities; - Withdraw and transfer cash and securities; - Sign contracts, waivers, and releases; and - Otherwise conduct business with Schwab on behalf of the Organization. • Complete Individual 1 below for the Primary Authorized Individual who will receive all email correspondence from Schwab. • Schwab will have no obligation of inquiry with respect to the validity of, or authority with respect to, any transaction or instruction provided by an Authorized Individual.
Control Persons	<ul style="list-style-type: none"> • An individual with significant responsibility for managing the Organization (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). • Please complete Section 4b for a Legal Entity or Trust that is a Control Person of the Organization. • At least one Control Person is required.
≥10% Beneficial Owners	<ul style="list-style-type: none"> • Each individual, if any, who owns, directly or indirectly, ≥10% of the equity interests of the Organization (e.g., each natural person that owns ≥10% of the shares of a corporation). • In the instance where a Trust is an equity owner of the Organization, the Trustees are considered Beneficial Owners per industry regulations. Please complete Section 4c with Trust and Trustee information. • Please note that the Beneficial Ownership information provided in this application will be applied to all other similarly registered Organization accounts with the same Taxpayer Identification Number (TIN) maintained at Schwab.

FOR CHARLES SCHWAB USE ONLY:											
Branch Office and Account Number											



4a. Required Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners

If there are more than four individuals who are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners, please make, complete, and attach additional copies of this section.

Individual 1

Role of Individual on Account (Select all that apply.) <input checked="" type="checkbox"/> Primary Authorized Individual <input type="checkbox"/> Control Person <input type="checkbox"/> ≥10% Beneficial Owner			
Title or Capacity of Individual (Select all that apply.) <input type="checkbox"/> CEO <input type="checkbox"/> CFO <input type="checkbox"/> COO <input type="checkbox"/> Chairman of the Board <input type="checkbox"/> Manager <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer <input type="checkbox"/> Other (specify): _____			
Name (First) Richard		(Last) Kahn	
Home Street Address (no <input type="checkbox"/> boxes) 130 East 75th Street Apt 7E		City New York	State NY
Mailing Address (if different from above: <input type="checkbox"/> boxes may be used) 5 Lexington Ave 4 Fl		City New York	State NY
Preferred Telephone Number (including area code) <input type="checkbox"/> Home <input checked="" type="checkbox"/> Business <input type="checkbox"/> Mobile (212) 971-1306		Alternate Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input checked="" type="checkbox"/> Mobile (917) 414-7584	
Social Security Number 108-50-9833	Date of Birth (mm/dd/yyyy) 12/06/1972	Email Address [REDACTED]	
Country(ies) of Citizenship (Must list all.) <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____		Country of Legal Residence <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____	
ID Number and Type <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't-issued ID 477516497		Country or State of Issuance USA	Expiration Date (mm/dd/yyyy) 03/16/2021
Employment Status (Select only one.) <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed		Employer Name/Business Name HBRK ASSOCIATES INC	
Occupation (If you selected "Employed" or "Self-Employed," select one option that best describes your occupation.) <input type="checkbox"/> Business Owner/Self-Employed <input type="checkbox"/> Financial Services/Banking Professional <input type="checkbox"/> Military <input type="checkbox"/> Consultant <input checked="" type="checkbox"/> Executive/Senior Management <input type="checkbox"/> Information Technology Professional <input type="checkbox"/> Educator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Medical Professional <input type="checkbox"/> Other Professional <input type="checkbox"/> Clerical/Administrative Services <input type="checkbox"/> Legal Professional <input type="checkbox"/> U.S. Government Employee (Federal/State/Local) <input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production) <input type="checkbox"/> Accounting Professional <input type="checkbox"/> Foreign Government Employee (Non-U.S.) <input type="checkbox"/> Sales/Marketing			
Business Street Address 575 Lexington Ave 4 Fl		City NEW YORK	State NY
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)			
List the company name: _____)			
Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)			
For Beneficial Owners Only: What is your percentage of ownership? 0 % What is your source of wealth? (Check all that apply.) <input checked="" type="checkbox"/> Salary, wages, savings <input type="checkbox"/> Family, relatives, inheritance <input type="checkbox"/> Litigation award <input type="checkbox"/> Gambling <input type="checkbox"/> Social Security benefits <input type="checkbox"/> Investment capital gains <input type="checkbox"/> Invention/patent <input type="checkbox"/> Lottery <input type="checkbox"/> Sale of property or business <input type="checkbox"/> Gifts			



4a. Required Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners (Continued)

Individual 2

Role of Individual on Account (Select all that apply.)			
<input type="checkbox"/> Authorized Individual <input type="checkbox"/> Control Person <input checked="" type="checkbox"/> ≥10% Beneficial Owner			
Title or Capacity of Individual (Select all that apply.)			
<input type="checkbox"/> CEO <input type="checkbox"/> CFO <input type="checkbox"/> COO <input type="checkbox"/> Chairman of the Board <input type="checkbox"/> Manager <input type="checkbox"/> Owner			
<input checked="" type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer <input type="checkbox"/> Other (specify): _____			
Name (First)		(Last)	
JEFFREY		EPSTEIN	
Home Street Address (no <input type="checkbox"/> boxes)		City	State
6100 RED HOOK QUARTER B3		ST THOMAS	VI
Mailing Address (if different from above: <input type="checkbox"/> boxes may be used)		City	State
			Zip Code
			00802
Preferred Telephone Number (including area code)		Alternate Telephone Number (including area code)	
<input type="checkbox"/> Home <input checked="" type="checkbox"/> Business <input type="checkbox"/> Mobile (340) 775-2525		<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile	
Social Security Number		Date of Birth (mm/dd/yyyy)	Email Address
090-44-3348		01/20/1953	richardkahn12@gmail.com
Country(ies) of Citizenship (Must list all.)		Country of Legal Residence	
<input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> USA <input type="checkbox"/> Other: US VIRGIN ISLANDS	
ID Number and Type		Country or State of Issuance	Expiration Date (mm/dd/yyyy)
<input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't-Issued ID 566672615		USA	03/07/2029
Employment Status (Select only one.)		Employer Name/Business Name	
<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed		SOUTHERN TRUST COMPANY, INC.	
Occupation (if you selected "Employed" or "Self-Employed," select one option that best describes your occupation.)			
<input type="checkbox"/> Business Owner/Self-Employed <input type="checkbox"/> Financial Services/Banking Professional <input type="checkbox"/> Military <input type="checkbox"/> Consultant			
<input checked="" type="checkbox"/> Executive/Senior Management <input type="checkbox"/> Information Technology Professional <input type="checkbox"/> Educator <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Medical Professional <input type="checkbox"/> Other Professional <input type="checkbox"/> Clerical/Administrative Services			
<input type="checkbox"/> Legal Professional <input type="checkbox"/> U.S. Government Employee (Federal/State/Local) <input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)			
<input type="checkbox"/> Accounting Professional <input type="checkbox"/> Foreign Government Employee (Non-U.S.) <input type="checkbox"/> Sales/Marketing			
Business Street Address		City	State
6100 RED HOOK QUARTER B3		ST THOMAS	VI
			Zip Code
			00802
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)			
List the company name: _____.)			
Are you a director, 10% shareholder or policy-making officer of a publicly held company?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)			
For Beneficial Owners Only:			
What is your percentage of ownership? 100%			
What is your source of wealth? (Check all that apply.)			
<input checked="" type="checkbox"/> Salary, wages, savings <input type="checkbox"/> Family, relatives, inheritance <input type="checkbox"/> Litigation award <input type="checkbox"/> Gambling <input type="checkbox"/> Social Security benefits			
<input checked="" type="checkbox"/> Investment capital gains <input type="checkbox"/> Invention/patent <input type="checkbox"/> Lottery <input type="checkbox"/> Sale of property or business <input type="checkbox"/> Gifts			



4a. Required Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners (Continued)

Individual 3

Role of Individual on Account (Select all that apply.) <input type="checkbox"/> Authorized Individual <input type="checkbox"/> Control Person <input type="checkbox"/> ≥10% Beneficial Owner			
Title or Capacity of Individual (Select all that apply.) <input type="checkbox"/> CEO <input type="checkbox"/> CFO <input type="checkbox"/> COO <input type="checkbox"/> Chairman of the Board <input type="checkbox"/> Manager <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer <input type="checkbox"/> Other (specify): _____			
Name (First)		(Middle)	(Last)
Home Street Address (no <input type="checkbox"/> boxes)		City	State Zip Code
Mailing Address (If different from above; <input type="checkbox"/> boxes may be used)		City	State Zip Code
Preferred Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		Alternate Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile	
Social Security Number	Date of Birth (mm/dd/yyyy)	Email Address	
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
ID Number and Type <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't-Issued ID	Country or State of Issuance	Expiration Date (mm/dd/yyyy)	
Employment Status (Select only one.) <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed		Employer Name/Business Name	
Occupation (If you selected "Employed" or "Self-Employed," select one option that best describes your occupation.) <input type="checkbox"/> Business Owner/Self-Employed <input type="checkbox"/> Financial Services/Banking Professional <input type="checkbox"/> Military <input type="checkbox"/> Consultant <input type="checkbox"/> Executive/Senior Management <input type="checkbox"/> Information Technology Professional <input type="checkbox"/> Educator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Medical Professional <input type="checkbox"/> Other Professional <input type="checkbox"/> Clerical/Administrative Services <input type="checkbox"/> Legal Professional <input type="checkbox"/> U.S. Government Employee (Federal/State/Local) <input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production) <input type="checkbox"/> Accounting Professional <input type="checkbox"/> Foreign Government Employee (Non-U.S.) <input type="checkbox"/> Sales/Marketing			
Business Street Address		City	State Zip Code
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application. List the company name: _____)			
Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____)			
For Beneficial Owners Only: What is your percentage of ownership? _____% What is your source of wealth? (Check all that apply.) <input type="checkbox"/> Salary, wages, savings <input type="checkbox"/> Family, relatives, inheritance <input type="checkbox"/> Litigation award <input type="checkbox"/> Gambling <input type="checkbox"/> Social Security benefits <input type="checkbox"/> Investment capital gains <input type="checkbox"/> Invention/patent <input type="checkbox"/> Lottery <input type="checkbox"/> Sale of property or business <input type="checkbox"/> Gifts			



4a. Required Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners (Continued)

Individual 4

Role of Individual on Account (Select all that apply.) <input type="checkbox"/> Authorized Individual <input type="checkbox"/> Control Person <input type="checkbox"/> ≥10% Beneficial Owner			
Title or Capacity of Individual (Select all that apply.) <input type="checkbox"/> CEO <input type="checkbox"/> CFO <input type="checkbox"/> COO <input type="checkbox"/> Chairman of the Board <input type="checkbox"/> Manager <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer <input type="checkbox"/> Other (specify): _____			
Name (First)		(Middle)	(Last)
Home Street Address (no <input type="checkbox"/> boxes)		City	State Zip Code
Mailing Address (if different from above; <input type="checkbox"/> boxes may be used)		City	State Zip Code
Preferred Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		Alternate Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile	
Social Security Number	Date of Birth (mm/dd/yyyy)	Email Address	
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
ID Number and Type <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't-Issued ID	Country or State of Issuance	Expiration Date (mm/dd/yyyy)	
Employment Status (Select only one.) <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed		Employer Name/Business Name	
Occupation (If you selected "Employed" or "Self-Employed," select one option that best describes your occupation.) <input type="checkbox"/> Business Owner/Self-Employed <input type="checkbox"/> Financial Services/Banking Professional <input type="checkbox"/> Military <input type="checkbox"/> Consultant <input type="checkbox"/> Executive/Senior Management <input type="checkbox"/> Information Technology Professional <input type="checkbox"/> Educator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Medical Professional <input type="checkbox"/> Other Professional <input type="checkbox"/> Clerical/Administrative Services <input type="checkbox"/> Legal Professional <input type="checkbox"/> U.S. Government Employee (Federal/State/Local) <input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production) <input type="checkbox"/> Accounting Professional <input type="checkbox"/> Foreign Government Employee (Non-U.S.) <input type="checkbox"/> Sales/Marketing			
Business Street Address		City	State Zip Code
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)			
List the company name: _____)			
Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)			
For Beneficial Owners Only: What is your percentage of ownership? _____ %			
What is your source of wealth? (Check all that apply.) <input type="checkbox"/> Salary, wages, savings <input type="checkbox"/> Family, relatives, inheritance <input type="checkbox"/> Litigation award <input type="checkbox"/> Gambling <input type="checkbox"/> Social Security benefits <input type="checkbox"/> Investment capital gains <input type="checkbox"/> Invention/patent <input type="checkbox"/> Lottery <input type="checkbox"/> Sale of property or business <input type="checkbox"/> Gifts			



4b. Control Person That Is a Legal Entity

If the Control Person is a Legal Entity or a Trust, provide the information requested below—all information is required. In addition, please complete the information requested for at least one of the underlying Control Persons/Trustees of the Legal Entity/Trust.

Name of Legal Entity				Legal Entity Tax ID Number			
If Legal Entity is known by another name, enter name.				Telephone Number			
Legal Entity Street Address (no [] boxes)			City		State	Zip Code	
Mailing Address (if different from above; [] boxes may be used)			City		State	Zip Code	
Country of Incorporation/Establishment		State of Incorporation/Establishment	Date of Incorporation/Establishment (mm/dd/yyyy)		6-Digit NAICS Code		

Provide the following information for at least one Control Person/Trustee for the above Legal Entity/Trust. If information was provided for the Control Person/Trustee in Section 4a, list only his/her name below.

Control Person/Trustee

Name (First)		(Middle)		(Last)	
Home Street Address (no [] boxes)			City		State
Preferred Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile			Alternate Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		
Social Security Number			Date of Birth (mm/dd/yyyy)		
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____			Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		
ID Number and Type <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't-issued ID		Country or State of Issuance		Expiration Date (mm/dd/yyyy)	
Employment Status (Select only one.) <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed			Employer Name/Business Name		
Occupation (If you selected "Employed" or "Self-Employed," select one option that best describes your occupation.)					
<input type="checkbox"/> Business Owner/Self-Employed	<input type="checkbox"/> Financial Services/Banking Professional	<input type="checkbox"/> Military	<input type="checkbox"/> Consultant		
<input type="checkbox"/> Executive/Senior Management	<input type="checkbox"/> Information Technology Professional	<input type="checkbox"/> Educator	<input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Other Professional	<input type="checkbox"/> Clerical/Administrative Services			
<input type="checkbox"/> Legal Professional	<input type="checkbox"/> U.S. Government Employee (Federal/State/Local)	<input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)			
<input type="checkbox"/> Accounting Professional	<input type="checkbox"/> Foreign Government Employee (Non-U.S.)	<input type="checkbox"/> Sales/Marketing			
Business Street Address			City		State
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)					
List the company name: _____)					
Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," also enter company name _____ and trading symbol _____.)					



4c. Information About Trusts That Are ≥10% Beneficial Owners

In the instance where a Trust is a ≥10% equity owner of the Organization, the Trustees are considered Beneficial Owners per industry regulations. Information for at least one current Trustee is required. If there is more than one Trust that is a ≥10% Beneficial Owner of the Organization, please make, complete, and attach additional copies of this Section 4c.

Name of Trust	
Country of Establishment	State of Establishment
What is the Trust's percentage of ownership in the Organization? _____%	

Please complete Part 1 for a current Trustee(s) that is an Individual and Part 2 for a current Trustee that is an Entity Trustee.

Part 1: Trustee That Is an Individual

Provide the following information for at least one current Trustee of the aforementioned Trust. If information was provided for a current Trustee in Section 4a or 4b, list only his/her name below.

Trustee

Name (First)		(Middle)	(Last)	
Home Street Address (no <input type="checkbox"/> boxes)		City	State	Zip Code
Preferred Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		Alternate Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		
Social Security Number		Date of Birth (mm/dd/yyyy)		
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		
ID Number and Type <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't-issued ID		Country or State of Issuance	Expiration Date (mm/dd/yyyy)	
Employment Status (Select only one.) <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed		Employer Name/Business Name		
Occupation (If you selected "Employed" or "Self-Employed," select one option that best describes your occupation.)				
<input type="checkbox"/> Business Owner/Self-Employed	<input type="checkbox"/> Financial Services/Banking Professional	<input type="checkbox"/> Military	<input type="checkbox"/> Consultant	
<input type="checkbox"/> Executive/Senior Management	<input type="checkbox"/> Information Technology Professional	<input type="checkbox"/> Educator	<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Other Professional	<input type="checkbox"/> Clerical/Administrative Services		
<input type="checkbox"/> Legal Professional	<input type="checkbox"/> U.S. Government Employee (Federal/State/Local)	<input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)		
<input type="checkbox"/> Accounting Professional	<input type="checkbox"/> Foreign Government Employee (Non-U.S.)	<input type="checkbox"/> Sales/Marketing		
Business Street Address		City	State	Zip Code
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)				
List the company name: _____.)				
Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," also enter company name _____ and trading symbol _____.)				



4c. Information About Trusts That Are ≥10% Beneficial Owners (Continued)

Part 2: Entity Trustee

Complete this section if the Trustee is an entity (corporate trustee or other entity).

Name of Legal Entity (as shown on the charter or other legal document creating the legal entity; hereinafter referred to as the "Legal Entity")				Legal Entity Tax ID Number			
If Legal Entity is known by another name, enter name.				Telephone Number			
Legal Entity Street Address (no <input type="checkbox"/> boxes)			City		State		Zip Code
Country of Incorporation/Establishment		State of Incorporation/Establishment	Date of Incorporation/Establishment (mm/dd/yyyy)		6-Digit NAICS Code		

Required Information About Entity Trustee Control Person

Complete this section for one Control Person of the aforementioned Entity Trustee.

Entity Trustee Control Person

Name (First)		(Middle)		(Last)	
Home Street Address (no <input type="checkbox"/> boxes)			City	State	Zip Code
Preferred Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile			Alternate Telephone Number (including area code) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		
Social Security Number			Date of Birth (mm/dd/yyyy)		
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____			Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		
ID Number and Type <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Gov't-Issued ID			Country or State of Issuance	Expiration Date (mm/dd/yyyy)	
Employment Status (Select only one.) <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed			Employer Name/Business Name		
Occupation (If you selected "Employed" or "Self-Employed," select one option that best describes your occupation.)					
<input type="checkbox"/> Business Owner/Self-Employed	<input type="checkbox"/> Financial Services/Banking Professional	<input type="checkbox"/> Military	<input type="checkbox"/> Consultant		
<input type="checkbox"/> Executive/Senior Management	<input type="checkbox"/> Information Technology Professional	<input type="checkbox"/> Educator	<input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Other Professional	<input type="checkbox"/> Clerical/Administrative Services			
<input type="checkbox"/> Legal Professional	<input type="checkbox"/> U.S. Government Employee (Federal/State/Local)	<input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production)			
<input type="checkbox"/> Accounting Professional	<input type="checkbox"/> Foreign Government Employee (Non-U.S.)	<input type="checkbox"/> Sales/Marketing			
Business Street Address			City	State	Zip Code
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," also enter company name _____ (You must attach a letter to this application that is from your employer, approving the establishment of this account.)					
Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," also enter company name _____ and trading symbol _____.)					



5. Your Consent to Enroll in Schwab's Cash Features Program

The Cash Features Program is a service that we provide that permits the uninvested cash or "free credit balance" in your Account to earn income while those funds remain uninvested. Additional information about the Cash Features Program and each Cash Feature is available in the Cash Features Disclosure Statement.

The designated Cash Feature for this Account is the Schwab One Interest feature. By signing this Application, you consent to participate in Schwab's Cash Features Program, as described in the Cash Features Disclosure Statement, and you also consent to having the Schwab One Interest feature as your designated cash feature.

You understand and agree that Schwab may (1) make changes to the terms and conditions of the Cash Features Program; (2) make changes to the terms and conditions of any Cash Feature; (3) change, add, or discontinue any Cash Feature; (4) change your investment from one Cash Feature to another if you become ineligible for your current Cash Feature or your current Cash Feature is discontinued; and (5) make any other changes to the Cash Features Program or Cash Feature as allowed by law. Schwab will notify you in writing of changes to the terms of the Cash Features, changes to the Cash Features we make available, or changes to the Cash Features Program prior to the effective date of the proposed changes.

6. Fund Account

- Check or money order made payable to Charles Schwab & Co., Inc. enclosed for \$ 250,000.00.
- Transfer from another financial institution (complete the Transfer Your Account to Schwab form).
- Electronic transfer using Schwab MoneyLink® (complete the Set Up Schwab MoneyLink Electronic Funds Transfer form).

7. Paperless Document Enrollment

Here's how paperless works: The Primary Authorized Individual will receive account statements, trade confirmations, shareholder materials, account agreements and related disclosures, and other regulatory documents, if available in paperless form, by email. For certain documents, including account statements, you will receive an email notification with a link to log on to our secure website to access your documents. For complete information, please see Important Information About Your Informed Consent to Receive Paperless Documents in the Appendix to this application.

To opt for Paperless Documents, simply provide the Primary Authorized Individual's email address in Section 4a. The enrollment completion will depend on one of the following scenarios.

Scenario 1:

If you are the Primary Authorized Individual, and already have an account enrolled in Paperless Documents using the email address provided in Section 4a, have logged on to [REDACTED] in the past six months, and agree to the following, your paperless enrollment will be complete once your account is opened.

- I have read and understood the Important Information About Your Informed Consent to Receive Paperless Documents in the Appendix to this application and consent to enrolling this account in Paperless Documents.
- I understand that I will receive an email with my new account agreement and related disclosures.

Or

Scenario 2:

If you are the Primary Authorized Individual, and do not have an existing account enrolled in Paperless Documents, are using a different email address, or have not logged on to [REDACTED] in the past six months, we will send you an email after the account is opened. To complete enrollment, you will need to click the "I Consent" button in that email and/or follow the instructions to access [REDACTED]. If you do not click the "I Consent" button, this account will not be enrolled in Paperless Documents and we will send your account agreement and related disclosures, as well as future regulatory documents, by postal mail.

If you are the Primary Authorized Individual and do not want to participate in Paperless Documents, please check the box below.

- No, do not enroll my account in Paperless Documents. Please send my regulatory documents via postal mail.



8. Offer/Referral Code (Optional, up to three offer/referral code entries)

Offer/Referral Code
Offer/Referral Code
Offer/Referral Code

Terms and conditions may apply. Any taxes related to an offer are your responsibility. You should consult with your tax or legal advisor regarding any tax implications and the appropriate tax treatment of an offer. For more information regarding an offer, please call 1-866-469-7017.

9. Required Account Opening Authorizations**Required Signatures for Section 9**

At least two signatures are required to open a Schwab One Organization Account for a Corporation. There must be at least one signature in each of the following categories:

Category 1: The Chairman of the Board, the President, or any Vice President of the Corporation

Category 2: The Secretary, any Assistant Secretary, the Chief Financial Officer, the Treasurer, or any Assistant Treasurer of the Corporation

- If you are the only corporate officer, please sign in both **Category 1** and **Category 2**, indicating your respective corporate roles under each category.
- All other Authorized Individuals listed in Section 4a who have the authority to conduct business with Schwab and who have not already signed under Category 1 or 2 must sign in the **Additional required signatures and W-9 certifications** section.

Please complete all four Signature fields: (1) sign name, (2) print name, (3) specify title, and (4) enter date. Schwab cannot complete these fields on your behalf—failure to complete all four fields will delay the processing of your application.

By signing this application, each individual in his or her representative and individual capacity ("you") certifies, represents and warrants that all of the information supplied in this application is complete, true and correct. You also agree that you have received and read a copy of the attached Schwab One Account Application Agreement for Incorporated Organizations ("Application Agreement"), which contains a predispute arbitration clause. You acknowledge and agree that this arbitration clause is a binding obligation of both the Corporation and you with respect to your capacity as an Authorized Individual on the account(s).

You represent and warrant that you have all the requisite power and authority to (1) provide the tax certifications and (2) establish, maintain and operate an account(s) with Schwab on behalf of the Corporation and to bind the Corporation to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One Account Agreement and the *Charles Schwab Pricing Guide for Individual Investors*, each as amended from time to time (the "Agreement and Disclosures"). You represent and warrant that the Corporation documents, resolutions, agreements and laws governing the Corporation permit the establishment and maintenance of the account(s) in accordance with the Agreement and Disclosures. You represent and warrant that you will not take any action or provide any instruction to Schwab that exceeds your authority under Corporation documents, resolutions, agreements and laws governing the Corporation.

You represent and warrant that each Authorized Individual listed on this application or subsequently provided to Schwab is authorized by the Corporation to act individually, independently and without the consent of the board or any director, officer or other person of the Corporation. You represent and warrant that any notice sent to any Authorized Individual will constitute notice to the Corporation. You represent and warrant that nothing in the Corporation documents, agreements and laws governing the Corporation imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.

You authorize Schwab to apply the Beneficial Ownership information provided in this application to all other similarly registered Organization accounts with the same Taxpayer Identification Number (TIN) maintained at Schwab.

You authorize Schwab to inquire from any source, including a consumer reporting agency, as to the identity of you and any Corporation you represent (as required by federal law), creditworthiness and ongoing eligibility for the account(s) at account opening, at any time throughout the life of the account(s), and thereafter for debt collection or investigative purposes.

You agree to notify Schwab immediately in writing of any change that would cause these representations and warranties to become incorrect or incomplete. You hereby, jointly and severally, in both personal and representative capacities, agree to indemnify Schwab and its affiliates, officers, directors, employees and agents from, and to hold such persons harmless against, any claims, judgments, surcharges, settlements or other liabilities or costs of defense or settlement (including investigative and attorneys' fees) arising out of or related to any act or omission to act by any Authorized Individual with respect to the account(s), the breach of any agreement with Schwab or any dispute involving you and the Corporation.

The representations and obligations stated in this certification will survive the termination of the account(s).



9. Required Account Opening Authorizations (Continued)

By signing below, you represent and warrant that this application and the incorporated Agreement and Disclosures constitute a legal, valid, and binding obligation enforceable against the Corporation. You also agree, in your personal capacity, that your relationship with Schwab with respect to the account(s) will be governed by the Agreement and Disclosures.

All Authorized Individuals listed in Section 4a must sign. Please complete all four steps: (1) sign, (2) print name, (3) specify title, and (4) enter date. Schwab cannot complete these fields on your behalf—failure to complete all four steps will delay the processing of your application.

I certify, under penalty of perjury, that (1) the number shown on this application is the correct Taxpayer Identification Number; (2) I/Organization am not subject to backup withholding because (a) I/Organization am exempt from backup withholding, or (b) I/Organization am not subject to backup withholding due to a failure to report interest and dividend income; (3) I am (a) a U.S. person, or (b) a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or (c) an estate (other than a foreign estate), or (d) a domestic trust as defined in federal tax regulations; and (4) I/Organization am exempt from Foreign Account Tax Compliance Act (FATCA) reporting. I/Organization understand that if I/Organization have been notified by the IRS that I/Organization am subject to backup withholding as a result of dividend or interest underreporting and I have not received a notice from the IRS advising me/Organization that backup withholding is terminated, I/Organization must cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The Agreement with Schwab includes a predispute arbitration clause. You acknowledge receipt of the predispute arbitration clause contained in Section 12, page 2, of the attached Schwab One Account Application Agreement for Incorporated Organizations.

Required signature(s) and W-9 certification(s) for Category 1: Chairman of the Board, President, or any Vice President

Signature:  Print Name: Jeffrey Epstein Date (mm/dd/yyyy): 4/5/2019
 Title: Chairman of the Board President Vice President

Signature: _____ Print Name: _____ Date (mm/dd/yyyy): _____
 Title: Chairman of the Board President Vice President

Required signature(s) and W-9 certification(s) for Category 2: Secretary, any Assistant Secretary, Chief Financial Officer, Treasurer, or any Assistant Treasurer

Signature:  Print Name: Richard Kahn Date (mm/dd/yyyy): 4/5/2019
 Title: Secretary Assistant Secretary Chief Financial Officer Treasurer Assistant Treasurer

Signature: _____ Print Name: _____ Date (mm/dd/yyyy): _____
 Title: Secretary Assistant Secretary Chief Financial Officer Treasurer Assistant Treasurer

Signature: _____ Print Name: _____ Date (mm/dd/yyyy): _____
 Title: Secretary Assistant Secretary Chief Financial Officer Treasurer Assistant Treasurer

Additional required signatures and W-9 certifications: All remaining Authorized Individuals listed in Section 4a who have not already signed and certified under Categories 1 or 2.

Signature: _____ Print Name: _____ Date (mm/dd/yyyy): _____
 Title: _____

Signature: _____ Print Name: _____ Date (mm/dd/yyyy): _____
 Title: _____



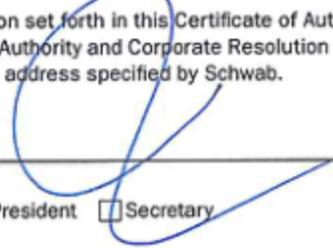
10. Required Certificate of Authority and Corporate Resolution: President or Secretary

The Corporation adopts the following Certificate of Authority and Corporate Resolution.

The undersigned certifies that:

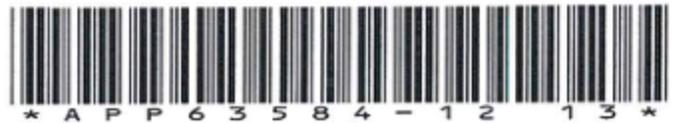
1. Each individual whose signature appears in Section 9 (each, an Authorized Individual) is authorized to (1) provide tax certifications; (2) establish, maintain, and operate an account(s) with Schwab on behalf of the Corporation and to bind the Corporation to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One Account Agreement and the *Charles Schwab Pricing Guide for Individual Investors*, each as amended from time to time (the "Agreement and Disclosures"); and (3) designate persons to operate such account(s).
2. Each Authorized Individual is authorized to act individually, independently, and without the consent of the board or any director, officer, or other person of the Corporation. Notice sent to any Authorized Individual will constitute notice to the Corporation. Nothing in the organizational documents, agreements, and laws governing the Corporation imposes any obligation upon Schwab for determining the purpose or propriety (1) of any instructions received from any Authorized Individual or (2) of payments or deliveries to or among Authorized Individuals.
3. The authority thereby conferred is not inconsistent or in conflict with the Certificate of Incorporation, charter, bylaws, resolution, or other applicable constituent documents of the Corporation and is within the Corporation's corporate power and authority and agreements and laws governing the Corporation.
4. The signatures that appear in Section 9 are true and genuine original signatures.

The information set forth in this Certificate of Authority and Corporate Resolution is true and correct, and Schwab may conclusively rely upon this Certificate of Authority and Corporate Resolution until the Corporation delivers a written replacement Certificate of Authority and Corporate Resolution to Schwab at an address specified by Schwab.


Jeffrey Epstein
4/15/2019

Signature Print Name Date (mm/dd/yyyy)

Title: President Secretary





Schwab One® Account Application Agreement for Incorporated Organizations

These terms relate to your Account and are part of the Account Agreement between each Account Holder and Schwab. Please retain for your files.

Account Opening Authorizations

By signing this application, each individual in his or her representative and individual capacity ("you") represents and warrants that all of the information supplied in this application is true and correct. You also agree that you have received and read a copy of the attached Schwab One Account Application Agreement for Incorporated Organizations ("Application Agreement"), which contains a predispute arbitration clause. You acknowledge and agree that this arbitration clause is a binding obligation of both the Corporation and you with respect to your capacity as an Authorized Individual on the Account(s).

You represent and warrant that you have all the requisite power and authority to (1) provide the tax certifications and (2) establish, maintain and operate an account(s) with Schwab on behalf of the Corporation and to bind the Corporation to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One Account Agreement and the Charles Schwab Pricing Guide for Individual Investors, each as amended from time to time (the "Agreement and Disclosures").

You represent and warrant that the Corporation documents, resolutions, agreements and laws governing the Corporation permit the establishment and maintenance of the Account(s) in accordance with the Agreement and Disclosures. You represent and warrant that you will not take any action or provide any instruction to Schwab

that exceeds your authority under Corporation documents, resolutions, agreements and laws governing the Corporation.

You represent and warrant that each Authorized Individual listed on this application or subsequently provided to Schwab is authorized by the Corporation to act individually, independently and without the consent of the board or any director, officer or other person of the Corporation. You represent and warrant that any notice sent to any Authorized Individual will constitute notice to the Corporation. You represent and warrant that nothing in the Corporation documents, agreements and laws governing the Corporation imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.

You authorize Schwab to apply the Beneficial Ownership information provided in this Update Form to all other similarly registered Organization accounts with the same Taxpayer Identification Number (TIN) maintained at Schwab.

You authorize Schwab to inquire from any source, including a consumer reporting agency, as to the identity of you and any Corporation you represent (as required by federal law), creditworthiness and ongoing eligibility for the Account(s) at account opening, at any time throughout the life of the

Account(s), and thereafter for debt collection or investigative purposes.

You agree to notify Schwab immediately in writing of any change that would cause these representations and warranties to become incorrect or incomplete. You hereby, jointly and severally, in both personal and representative capacities, agree to indemnify Schwab and its affiliates, officers, directors, employees and agents from, and to hold such persons harmless against, any claims, judgments, surcharges, settlements or other liabilities or costs of defense or settlement (including investigative and attorneys' fees) arising out of or related to any act or omission to act by any Authorized Individual with respect to the Account(s), the breach of any agreement with Schwab or any dispute involving you and the Corporation.

The representations and obligations stated in this certification will survive the termination of the Account(s).

By signing this application, you represent and warrant that this application and the incorporated Agreement and Disclosures constitute a legal, valid and binding obligation enforceable against the Corporation. You also agree, in your personal capacity, that your relationship with Schwab with respect to the Account(s) will be governed by the Agreement and Disclosures.

Certificate of Authority and Corporate Resolution: President or Secretary

The Corporation adopts the following Certificate of Authority and Corporate Resolution:

1. Each individual whose signature appears in Section 9 (each, an Authorized Individual) is authorized to (1) provide tax certifications; (2) establish, maintain and operate an account(s) with Schwab on behalf of the Corporation and to bind the Corporation to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One Account Agreement and the Charles Schwab Pricing Guide for Individual Investors, each as amended from time to time (the "Agreement and Disclosures"); and (3) designate persons to operate such account(s).

2. Each Authorized Individual is authorized to act individually, independently and without the consent of the board or any director, officer or other person of the Corporation. Notice sent to any Authorized Individual will constitute notice to the Corporation. Nothing in the organizational documents, agreements and laws governing the Corporation imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.

3. The authority thereby conferred is not inconsistent or in conflict with the Certificate of Incorporation, charter, bylaws, resolution or other applicable constituent documents of the Corporation and is within the Corporation's corporate power and authority and agreements and laws governing the Corporation.

4. The signatures that appear in Section 9 are true and genuine original signatures.

The information set forth in this Certificate of Authority and Corporate Resolution is true and correct, and Schwab may conclusively rely upon this Certificate of Authority and Corporate Resolution until the Corporation delivers a written replacement Certificate of Authority and Corporate Resolution to Schwab at an address specified by Schwab.

Schwab One Account Application Agreement for Incorporated Corporations

Section 1: Scope of Agreement. Your agreement with Schwab consists of the terms set forth in this Application Agreement and the terms set forth in the Schwab One Account Agreement, which incorporates the Charles Schwab Pricing Guide for Individual Investors and a number of other important disclosures. The

Schwab One Account Agreement is provided with this application or at the opening of your Account. You agree to contact Schwab if you do not receive the Schwab One Account Agreement. In addition, you may in the future receive from Schwab supplemental terms or disclosures that pertain to certain account types, service

features and benefit packages. These supplemental terms and disclosures, this Application Agreement and the Schwab One Account Agreement are collectively referred to as the "Agreement and Disclosures." You agree to read the Agreement and Disclosures carefully and retain copies for your records.

Section 2: Acceptance of Agreement and Disclosures. You agree that the Agreement and Disclosures govern all aspects of your relationship with Schwab, including all transactions between Schwab and you and all products and services now or in the future offered through Schwab. Schwab may rely on your use of Schwab's products and services as evidence of your continued acceptance of the Agreement and Disclosures.

Section 3: Your Representations and Warranties. You represent and warrant that: (a) you are of legal age in the state in which you live and you are authorized to enter into this Agreement; (b) you have supplied accurate information in your Account Application; (c) no one except the Account Holders listed on the Account Application (and if community property is held, the Account Holders' spouses) has an interest in the Account; (d) no additional authorizations from third parties are required for you to open the Account and effect transactions therein; (e) except as you have otherwise indicated on your Account Application or in writing to us, (i) you are not an employee of or affiliated with any securities exchange or member firm of any exchange, the Financial Industry Regulatory Authority (FINRA), or any securities firm, bank, trust company, or insurance company; and (ii) you are not a director, 10% beneficial shareholder, policy-making officer, or otherwise an "affiliate" (as defined in Rule 144 under the Securities Act of 1933) of a publicly traded company; and (f) this Application Agreement, as amended from time to time, is a legal, valid and binding obligation, enforceable against you in accordance with its terms.

Section 4: Account Handling. Schwab will automatically hold all of your securities purchased, sales proceeds, dividends and interest. Schwab will also release your name, address and securities positions to companies in which we hold securities for your Account upon request, unless you notify us otherwise in writing. If you maintain more than one account at Schwab, you authorize Schwab to transfer assets between your accounts when no written authorization is requested.

Section 5: Responsibility for Investment Decisions. You agree that you and any agent under a power of attorney or Investment Advisor (if you have one) are solely responsible for investment decisions in your Account, including whether to buy or sell or hold a particular security. Unless required by law, or unless Schwab provides advice to you that is clearly identified as an individualized recommendation for you, you understand that Schwab has no obligation to determine whether a particular transaction, strategy, or purchase or sale of a security is suitable for you. Your obligation includes an affirmative duty to monitor and stay informed about your Account and your investments and respond to changes as you deem appropriate.

Unless Schwab otherwise agrees with you in writing, Schwab does not have any discretionary authority or obligation to review or make recommendations for the investment of securities or cash in your Account.

You acknowledge that Schwab does not provide tax or legal advice.

Section 6: Payment of Indebtedness. You agree to make payment of any indebtedness related to your Account, including, but not limited to, any such indebtedness that results from instructions

provided to Schwab by you, your agent or any attorney-in-fact under a power of attorney or Investment Advisor authorized to make transactions in your Account. We may elect anytime, with or without notice, to make any debit balance or other obligation related to your Account immediately due and payable. We may report any past-due account to a consumer and/or securities credit reporting agency. We may also refer your Account to a collection agency.

Section 7: Security for Indebtedness. Note: This section does not apply to any tax-qualified accounts subject to the prohibited transaction rules of the Internal Revenue Code or ERISA, or any indebtedness arising therefrom.

As security for the repayment of all present or future indebtedness owed to us by any Account Holder under the Schwab One Account Agreement or otherwise, each Account Holder grants to us a continuing security interest in and lien on, and a right of setoff with respect to, all Securities and Other Property that are, now or in the future, held, carried or maintained for any purpose in or through the Schwab One Account, and, to the extent of such Account Holder's interest in or through, any present or future account with us in which the Account Holder has an interest.

If you owe money to Schwab as the result of activity in your Account and there are assets available in any account that you hold at Schwab which could fully or partially satisfy the debt, you agree that upon Schwab's written demand, you will execute all documents necessary to effect a distribution from your account and agree to pay or cause such funds to be paid immediately to Schwab in order to satisfy your indebtedness to Schwab.

Section 8: Liquidations. Whenever it is necessary for our protection or to satisfy a margin deficiency, debit or other obligation owed us, we may (but are not required to) sell, assign and deliver all or any part of the property securing your obligations, or close any or all transactions in your Account. We may choose which property to buy or sell, which transactions to close and the sequence and timing of liquidation. We may take such actions on whatever exchange or market and in whatever manner (including public auction or private sale) that we choose in the exercise of our business judgment. You agree not to hold us liable for the choice of which property to buy or sell or of which transactions to close or for timing or manner of liquidation.

In certain circumstances we may, at our sole discretion, liquidate your entire margin loan balance to satisfy a margin call. You agree not to hold us liable for taking such action.

We may transfer property from any non-retirement brokerage account in which you have an interest to any other brokerage accounts in which you have an interest regardless of whether there are other Account Holders on either account, if we determine that your obligations are not adequately secured or to satisfy a margin deficiency or other obligation. You agree to pay on demand any account deficiencies after liquidation, whether liquidation is complete or partial.

All of the above may be done without demand for margin or notice of purchase, sale, transfer or cancellation to you. No demand for margin or notice shall impose on Schwab any obligation to make such demand or provide such notice to you in the future. Any such notice or demand is

hereby expressly waived, and no specific demand or notice shall invalidate this waiver.

Section 9: Interest on Debit Balances. We will charge and compound interest on your debit balances according to our Disclosure of Credit Terms and Policies.

Section 10: Using the Check Feature. If you have requested the check feature through your Account, you authorize checks to be issued as indicated in your Account Application. You agree that each Account Holder is authorized to write checks.

Section 11: Verification. You authorize Schwab to inquire from any source, including a consumer reporting agency, as to the identity (as required by law), creditworthiness and ongoing eligibility for the Account of the Account Holders, any other person referred to on this application, or any person who Schwab is later notified is associated with or has an interest in the Account at account opening, at any time throughout the life of the Account, and thereafter for debt collection or investigative purposes.

Section 12: Required Arbitration Disclosures. Regulatory authorities require that any brokerage agreement containing a predispute arbitration agreement must disclose that this agreement contains a predispute arbitration clause. This Agreement contains a predispute arbitration clause. By signing an arbitration agreement, the parties agree as follows:

- All parties to this Agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
- Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
- The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
- The arbitrators do not have to explain the reason(s) for their award unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date.
- The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
- The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
- The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this Agreement.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any predispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until:

1. the class certification is denied;
2. the class is decertified; or
3. the customer is excluded from the class by the court.

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Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this Agreement except to the extent stated herein.

Section 13: Arbitration Agreement. Any controversy or claim arising out of or relating to (i) this Agreement, any other agreement with Schwab, an instruction or authorization provided to Schwab or the breach of any such agreements, instructions, or authorizations; (ii) the Account, any other Schwab account or Services; (iii) transactions in the Account or any other Schwab account; (iv) or in any way arising from the relationship with Schwab, its parent, subsidiaries, affiliates, officers, directors, employees, agents or service providers ("Related Third Parties"), including any controversy over the arbitrability of a dispute, will be settled by arbitration.

This arbitration agreement will be binding upon and inure to the benefit of the parties hereto and their respective representatives, attorneys-in-fact, heirs, successors, assigns and any other persons having or claiming to have a legal or beneficial interest in the Account, including court-appointed trustees and receivers. This arbitration agreement will also inure to the benefit of third-party service providers that assist Schwab in providing Services ("Third-Party Service Providers") and such Third-Party Service Providers are deemed to be third-party beneficiaries of this arbitration agreement.

The parties agree that this arbitration agreement will apply even if the application to open the Account is denied and will survive the closure of your Account and/or the termination of services rendered under this Agreement.

Such arbitration will be conducted by, and according to the securities arbitration rules and regulations then in effect of, the Financial Industry Regulatory Authority (FINRA) or any national securities exchange that provides a forum for the arbitration of disputes, provided that Schwab is a member of such national securities exchange at the time the arbitration is initiated. Any party may initiate arbitration by filing a written claim with FINRA or such eligible national securities exchange. If arbitration before FINRA or an eligible national securities exchange is unavailable or impossible for any reason, then such arbitration will be conducted by, and according to the rules and regulations then in effect of, the American Arbitration Association (AAA). If arbitration before the AAA is unavailable or impossible for any reason, the parties agree to have a court of competent jurisdiction appoint three (3) arbitrators to resolve any and all disputes or controversies

between or among the parties. Each party shall bear its own initial arbitration costs, which are determined by the rules and regulations of the arbitration forum. In the event of financial hardship, the arbitration forum may waive certain costs in accordance with such rules. At the conclusion of the hearing, the arbitrators will decide how to assess the costs of the arbitration among the parties.

Any award the arbitrator makes shall be final and binding, and judgment on it may be entered in any court having jurisdiction. This arbitration agreement shall be enforced and interpreted exclusively in accordance with applicable federal laws of the United States, including the Federal Arbitration Act. Any costs, fees or taxes involved in enforcing the award shall be fully assessed against and paid by the party resisting enforcement of said award.

For FINRA arbitrations, FINRA will appoint a single public arbitrator in customer cases decided by one arbitrator. In customer cases decided by three arbitrators, investors have the option of choosing an arbitration panel with two public arbitrators and one non-public arbitrator (Majority-Public Panel Rule) or a panel of all public arbitrators (Optional All-Public Panel Rule). If the customer declines to elect a panel selection method in writing by the applicable deadline, the Majority-Public Panel Rule for selecting arbitrators will apply.

All notices from one party to the other involving arbitration shall be considered to have been fully given when so served, mailed by first-class, certified or registered mail, or otherwise given by other commercially accepted medium of written notification.

In addition to the above provisions, if a party to this Agreement is or becomes a non-U.S. resident at the time of any controversy subject to this arbitration agreement, such party acknowledges and agrees to the following additional provisions:

- (1) The rules of the organization administering the arbitration specifically provide for the formal designation of the place at which the arbitration is to be held.
- (2) Entering into this Agreement constitutes consent to the personal jurisdiction of the courts of the state of California, U.S.A., to interpret or enforce any or all of these arbitration provisions. Judgment on any arbitration award may be entered in any court having jurisdiction, or application may be made to such court for judicial acceptance of the award and an order of enforcement, as the case may be.

(3) The exclusive language to be used by the parties and the arbitrators in the arbitration proceedings shall be English. Any party wishing an interpreter shall make all arrangements directly with the interpreter and shall assume all costs of the service.

(4) If a party is a foreign government or state, state-owned or state-operated enterprise or other instrumentality of a foreign government or state, such party waives all rights of sovereign immunity and neither the Federal Act of State doctrine nor the doctrine of sovereign immunity shall apply insofar as any enforcement in courts located in the U.S.A. is concerned.

Section 14: Electronic Copies. The electronically stored copy of your (or your agent's) signature, any written instructions or authorizations, the Account Application and the Agreement and Disclosures are considered to be the true, complete, valid, authentic and enforceable record, admissible in judicial, administrative or arbitration proceedings to the same extent as if the documents and records were originally generated and maintained in printed form. You agree to not contest the admissibility or enforceability of Schwab's electronically stored copy of such documents in any proceeding between you and Schwab.

Section 15: Unclaimed Property. If no activity occurs in the Account within the time period specified by applicable state law, the Account may be transferred to the appropriate state.

Section 16: Information About SIPC. To obtain information about the Securities Investor Protection Corporation (SIPC), including an explanatory SIPC brochure, please contact SIPC at www.sipc.org or 1-202-371-8300.

Section 17: Impartial Lottery for Securities Subject to Partial Call or Partial Redemption. If Schwab holds securities for you in street name, in Schwab's name, or in bearer form that are subject to partial call or partial redemption, then in the case of a partial call or partial redemption Schwab will use an impartial lottery system to select the securities to be called or redeemed from among accounts holding those securities. For a description of Schwab's lottery system, please visit [REDACTED]. If you would like a printed description of Schwab's lottery system mailed to you, please contact a Schwab representative at 1-800-435-4000.



Cash Features Program General Terms and Conditions

The automatic investment of your free credit balance, including the frequency and the amount of each sweep, is governed by the terms and conditions set forth in the Cash Features Disclosure Statement and in the Account Agreement applicable to your account. The material in this document is intended for informational purposes only. If there is any conflict between the descriptions in this document and the terms of the Cash Features Disclosure Statement, the Cash Features Disclosure Statement will control.

How the Cash Features Program Works	Schwab's Cash Features Program is the service (described in the Cash Features Disclosure Statement) that we provide to automatically invest, or "sweep," the free credit balance in your account into a liquid investment to earn interest. The program permits you to earn income while you decide how those funds should be invested longer term.
Available Cash Feature	<p>The available cash features currently consist of:</p> <ul style="list-style-type: none"> • The free credit balance in your eligible account (the "Schwab One® Interest feature"), on which Schwab pays interest; • Interest-bearing deposit accounts at one or more of our affiliated banks (the "Bank Sweep feature" for most accounts and the "Bank Sweep for Benefit Plans feature" for retirement plan accounts); and • For some accounts, one or more affiliated money market mutual funds (the "Money Fund Sweep feature").
Eligibility	Eligibility for each cash feature is based on the registered ownership and the type of account. Not all account registrations and account types will be eligible for all cash features. Some account registrations and account types will be eligible for only one cash feature. Please see your Account Application and the Cash Features Disclosure Statement for more complete eligibility details.
Duty to Monitor Eligibility for Cash Features	It is your responsibility to monitor your eligibility for the cash features and determine the best cash feature available to you. Schwab is not responsible for contacting you if you are, or later become, eligible for other higher-yielding cash features.
Interest Rates and Yields	<p>The interest rates and yields for the different cash features vary over time. There is no guarantee that the interest rate and yield on any particular cash feature will be or will remain higher than the interest rate and yield on any other cash features over any period. Current interest rates and yields can be obtained by contacting your independent investment advisor or your Financial Consultant, or by calling us at 1-800-435-4000. If you already have an account, you can visit our website at [REDACTED]. If your account is an Advisor Services account, please contact your advisor, visit [REDACTED], or call Schwab Alliance at 1-800-515-2157.</p> <ul style="list-style-type: none"> • The interest rate on the Schwab One Interest feature is set by Schwab. We may seek to pay as low a rate as possible consistent with our views of competitive necessities. With certain exceptions, the rate will be tiered based upon the overall free credit balance within your account. • The interest rate on the Bank Sweep feature is set by our affiliated bank(s), which may seek to pay as low a rate as possible consistent with their views of competitive necessities. Retirement accounts will be paid a reasonable rate consistent with applicable legal and regulatory requirements. With certain exceptions, the rate will be tiered based upon your account type and the combined amount of your account's Bank Sweep deposits at our affiliated bank(s).

Brokerage Products: Not FDIC-Insured • No Bank Guarantee • May Lose Value

<p>Interest Rates and Yields (Continued)</p>	<ul style="list-style-type: none"> • The interest rate on the Bank Sweep for Benefit Plans feature is set by our affiliated bank(s), which intend to pay interest consistent with reasonable rate provisions of applicable legal and regulatory requirements. This may be lower than some competitors' rates. Interest rates do not vary by tiers and do not vary based on your cash balances. • Money market mutual funds offered through the Money Fund Sweep feature seek to achieve the highest yield (less fees and expenses) consistent with prudence and their investment objectives. <p>Cash features are not intended to be long-term investments, and yields on any of our cash features may be lower than those of similar investments or deposit accounts offered outside the Cash Features Program. If you desire to maintain cash balances for other than a short-term period and/or are seeking the highest yields currently available in the market, please contact your Schwab representative or visit [REDACTED] for investment options that may be available outside of the Cash Features Program to help maximize your return potential consistent with your investment objectives and risk tolerance. If your account is an Advisor Services account, please contact your advisor, visit [REDACTED], or call Schwab Alliance at 1-800-515-2157.</p>
<p>Benefits to Schwab</p>	<p>We may charge fees and receive certain benefits under the different cash features. A portion of these fees and benefits may be shared with your investment professional. Because of these fees and benefits, we have a financial incentive to select the particular cash features included in the Cash Features Program.</p>
<p>Differing Risks and Account Protection</p>	<p>The different cash features are subject to different risks and account protection:</p> <ul style="list-style-type: none"> • The Schwab One® Interest feature is not subject to market risk and value loss but is subject to the risk of Schwab's failure. In the unlikely event that Schwab fails, cash is eligible for SIPC coverage up to a limit of \$250,000 (including principal and interest) per client in each insurable capacity (e.g., individual or joint). Free credit balances held at Schwab are not insured or guaranteed by the FDIC. • The Bank Sweep and Bank Sweep for Benefit Plans features are not subject to market risk and value loss but are subject to the risk of the failure of one or more of our affiliated banks. In the unlikely event that one or more of our affiliated banks fails, deposits at each bank are eligible for FDIC insurance protection up to a limit of \$250,000 (including principal and interest) per depositor in each insurable capacity (e.g., individual, joint, and plan participant). This limit includes any other deposits you may have at that bank outside of the Bank Sweep and Bank Sweep for Benefit Plans features. You are responsible for monitoring your bank balances in the Bank Sweep and Bank Sweep for Benefit Plans features and the balances in any of your other bank accounts at each affiliated bank to determine if these, in total, exceed FDIC insurance limits. Monies held in both features are not covered by SIPC. • Money market mutual funds in the Money Fund Sweep feature invest in high-quality, short-term securities and seek to maintain a stable value, but are subject to market risks and potential value loss. They are not bank accounts and are not subject to FDIC insurance protection. They are instead covered by SIPC, which protects against the custodial risk (and not a decline in market value) when a brokerage firm fails by replacing missing securities and cash up to a limit of \$500,000, of which \$250,000 may be cash. Shares held through the Money Fund Sweep feature are not considered cash, but are treated as securities for SIPC coverage.

Brokerage Products: Not FDIC-Insured • No Bank Guarantee • May Lose Value

Important Information About Your Informed Consent to Receive Paperless Documents

The Purpose and Effect of Your Consent

This disclosure and informed consent applies to all communications for those accounts, products and services offered in person or available via [REDACTED], [REDACTED], or via a Schwab mobile website or mobile application used to access those accounts, products or services, to the extent they are not otherwise governed by the terms of a separate disclosure and informed consent.

We are required to provide to you "in writing" certain records and disclosures about our relationship and transactions in your account. You are entitled to receive those documents on paper. With your affirmative consent, we can provide the documents to you electronically instead via the Schwab Paperless Documents program ("Paperless Documents"). The information below will help you understand the conditions and requirements relating to Paperless Documents. You can always find the most up-to-date version of this important information at [REDACTED] paperless_consent.

Paperless Documents categories include: tax forms, trade confirmations, shareholder materials, statements and account documents (e.g., account statements and other account-related documents associated with the account, including account agreement amendments and program disclosures, fund prospectuses, and investment advisory service disclosures). Each of these document categories is described in detail below. If you are opening an account, the account agreements and account and program disclosures delivered to you as part of the account opening process are also included in Paperless Documents. Electronic documents specific to your transactions and account will be available online for up to 10 years from the date of initial delivery. Your consent to receive documents electronically is not limited in duration and does not expire.

Depending on where you reside, the initial scope of your Paperless Documents enrollment, and whether you have made modifications to your enrollment, not all document categories may apply to you. Certain documents that are not currently included in Paperless Documents may continue to be delivered to you via postal mail. In the future, some or all of these documents may be added to Paperless Documents and made available to you electronically in accordance with your informed consent to this disclosure. If you are uncertain which documents are covered by your Paperless Documents enrollment, please check online at schwab.com/paperless_services or call or email Schwab or Schwab Bank using the contact information below.

For additional information about Schwab Bank account statements, see the "Addendum" on the following page.

You indicate your consent to Paperless Documents by providing an email address and signing an account agreement, or by clicking or touching an "I consent" or other button indicating assent to or acceptance of the conditions and requirements relating to Paperless Documents, and we record your consent. The method of consent may depend on whether you are opening an account or separately enrolling in Paperless Documents for an existing account. If you do not provide consent, Schwab or Schwab Bank will send you paper copies. Your consent will be effective until you cancel your enrollment in Paperless Documents or Schwab or Schwab Bank notifies you that the program is discontinued. If you are a joint account holder, your consent binds the other account holder.

By providing consent, you confirm that you have the ability to access Schwab on the web, and the ability to open, view, save, retain, and print PDF documents as described below. These abilities demonstrate that you can receive the documents we will deliver to you. You also confirm that you have provided a valid email address as part of the account opening or Paperless Documents enrollment process.

We may, if necessary and at our discretion, end your participation in Paperless Documents, or change the terms and conditions relating to Paperless Documents and electronic communications. It is your responsibility to review any updates in a timely manner. We will provide you with notice of any discontinuation or update as required by law.

Our Contact Information to Request Paper or Ask Questions

To access the document and print a copy, log in to your Schwab or Schwab Bank account, select the "Accounts" tab, then select "Statements." To request paper, ask questions about, or report problems concerning Paperless Documents, you may contact us as follows:

To contact us by email, log in to [REDACTED], click "Contact Us," and then click "Send a Secure Message." Advisor Services clients, please log in to [REDACTED]. To contact us by phone:

- Investor Services clients: 1-800-435-4000.
- Schwab Bank High Yield Investor Checking® (or other Schwab Bank) clients: 1-888-403-9000.
- Clients in the U.K.: 00 800 0826-5001.
- Clients in other countries: +1-415-667-8400.
- Advisor Services clients: Contact your independent advisor or call 1-800-515-2157.
- Schwab Intelligent Portfolios® clients: 1-855-694-5208.
- Institutional Intelligent Portfolios® clients: 1-877-805-3399.

To Withdraw Your Consent

When you change your preference back to postal mail delivery, this cancels your enrollment in Paperless Documents and withdraws your consent for the document categories you indicate. You can do this by logging in to [REDACTED], or by calling or emailing Schwab or Schwab Bank using the contact information above. Allow 48 hours for processing. Your consent will remain effective for other document categories for which you maintain a paperless delivery preference.

Important note for Schwab Advisor Services clients: Canceling or modifying your enrollment may make your account(s) ineligible for lower commission rates, and the commissions you pay may increase.

Important note for Schwab Intelligent Portfolios and Institutional Intelligent Portfolios clients: Intelligent Portfolios is an all-electronic service. If in the future you request paper documents, withdraw your consent, or are unable to receive Paperless Documents, Schwab may terminate your account.

Electronic Notification When a Paperless Document Is Ready

We send you an email to let you know a document is available. For some documents, the email itself will be the paperless document. For other documents, the email will contain a link that will allow you to access or download the document, and your login may be required prior to such access.

Keeping Your Email Address Current and Actions Schwab or Schwab Bank Will Take If There Is a Problem

Please note that after three consecutive months of unsuccessful electronic delivery attempts of your tax forms, trade confirmations, or statements and account documents, your account(s) will revert back to postal mail delivery. This will cancel your enrollment in Paperless Documents and withdraw your consent to receive Paperless Documents.

It is your responsibility to notify Schwab or Schwab Bank of any change in your email address by logging in to the Schwab site and going to Service > My Profile > Email Addresses or using the contact information above. In addition to the unenrollment process outlined above, if we receive any indication either that the email notification did not reach you successfully or that there is a problem with your email address or service, we will take the following actions:

- **Tax Forms**—Send a letter by postal mail within two business days to inform you that we were unable to deliver your tax form electronically. In certain circumstances, as may be required by law or regulation or for other reasons, we may send you the tax form itself by postal mail within the time period prescribed by the relevant legal or regulatory requirements.
- **Trade Confirmation**—Send a paper copy of trade confirmation by postal mail within 24 hours. Also send a letter by postal mail to inform you that we were unable to deliver your Trade Confirmation to you electronically.

- **Statements and Account Documents**—Send a letter by postal mail informing you that we were unable to deliver your statement or account document electronically.
- **Shareholder Materials**—Send a paper copy of the shareholder materials via postal mail within 24 hours. We will send you a letter informing you that we were unable to deliver your shareholder materials electronically. The account will be unenrolled from Paperless Documents, and we will begin to send you paper shareholder materials.

Hardware and Software Requirements

Paperless Documents requires you to have access to a device (computer or smartphone) with Internet service and an active email account and address, along with the following:

- A current version of a common Internet browser, with JavaScript enabled.
- A current version of a program, such as Adobe® Reader®, that accurately reads and displays PDF documents. If you do not have Adobe Acrobat installed on your device, you can download the free software at [REDACTED]
- An operating system on your device that supports the above.
- A printer that connects to your device, if you wish to print documents.
- Electronic storage connected to your device, if you wish to retain records in electronic form. (If you are using your computer, just save documents to your local hard drive.)

If you use your smartphone, you must access the full Schwab website to view and print your documents. If you have questions relating to hardware and software requirements, please call or email Schwab using the contact information on the previous page.

Security and Privacy Information

Unless expressly stated, email notifications for Paperless Documents are not encrypted. For security and confidentiality, unencrypted emails will not include your name, full account number, or any other personal identifier. Be aware, however, that some email addresses may use part of your name or your entire name. If you use a work email address, your employer or other employees may have access to your email. To help you identify your account, we may include some portion, but not all, of your account number. Schwab or Schwab Bank may use a vendor to deliver Paperless Documents.

Whether Schwab, Schwab Bank, or a vendor delivers the documents, Schwab's privacy policy applies.

Records and Disclosures Included in Schwab and Schwab Bank's Paperless Documents Program

Tax Forms ("eTax Documents")

A tax document provides important information you need to complete your tax returns. Much of the information we provide in tax documents is also reported to the IRS. This includes any corrected tax documents and accompanying notices. When a tax document is ready, we will send an email notification with the subject line "IMPORTANT TAX RETURN DOCUMENT AVAILABLE" and containing a web link to the document available after you log in.

Trade Confirmations ("eConfirms")

A trade confirmation is an official record of your securities transaction. It includes the price, number of shares, and the commission we charge you, as well as disclosures required under federal law. If you choose to receive paperless trade confirmations, the terms and conditions of your transaction will appear in the email and on a web page you can link to from the email. Your consent to receive paperless trade confirmations also includes paperless delivery of prospectuses or other regulatory information we provide to you at the time of your trade. Your consent to receive paperless trade confirmations also covers paperless delivery of Trade Confirmation Reports (TCRs) if you elect this alternative as part of your Managed Account enrollment.

Statements and Account Documents ("eStatements")

An account statement provides important information about your account, including the price and quantity of securities you hold, the transactions

conducted, other activity in your account, and terms and conditions governing your account. Account statements are sent at the end of each month in which you conducted activity in your account or at the end of each calendar quarter, regardless of any account activity. With your account statements, we often include accompanying account-related notices and other regulatory information, including, but not limited to, Schwab's Statement of Financial Condition, pricing changes, changes to payment features, privacy policy, annual notices, amendments to your account agreements, and any other documents, notices, and disclosures required by law or regulatory rules to be provided to you. At account opening and from time to time thereafter, we also send you notifications about your account. Collectively, we call these documents, notices, and disclosures "account documents." When you consent to paperless account statements, you also consent to paperless account documents.

Investment Advisory Service Disclosures (A Sub-Category of Account Documents)

Your consent to paperless Statements and Account Documents includes investment advisory program disclosures, brochure supplements with information about individual Schwab representatives, and related materials such as periodic updates or annual summaries of any changes to those documents ("Form ADV Disclosures") as Schwab makes these available in the future. The investment advisory programs may include Schwab Private Client™, Schwab Managed Portfolios™, Schwab Managed Account Services™, the Schwab Advisor Network®, Schwab Intelligent Portfolios®, and other similar advisory services, and fee-based Financial Planning Services. In addition to Schwab's and its affiliates' own Form ADV Disclosures, your consent also covers ADV Disclosures from third-party investment advisors whose services you select through Schwab. Paperless Form ADV Disclosures may accompany your account statements or be sent independently. If the third party does not make its Form ADV Disclosures available electronically, you will instead receive the standard printed materials by postal mail.

Shareholder Materials ("Electronic Delivery")

Shareholder materials include regulatory information such as prospectuses; prospectus supplements; quarterly, semi-annual, and annual reports; and proxy materials. You will receive an email notification with a web link to shareholder materials if you have a position in an equity or mutual fund as of the record date for a particular shareholder distribution and the materials are made available electronically by the issuer or third party. If the issuer or third party does not make shareholder materials available electronically, you will instead receive the standard printed materials by postal mail. By providing your consent to receive electronic delivery of shareholder material, you also consent to electronic householding. This means that if you and someone else enroll in this paperless service using the same email address, we may send one email announcement to this email address if each account holds securities of the same issuer. This avoids duplicate mailings of shareholder documents. If you no longer want electronic householding of your shareholder materials, you must modify your Paperless Documents enrollment as described above. Your shareholder materials may include electronic proxies. You may elect to vote your proxy online at [REDACTED] by entering the control number included in your email announcement and the last four digits of your Social Security number or Taxpayer Identification Number as your PIN.

Addendum for Schwab Bank Paperless Statements ("eStatements")

Schwab Bank Paperless Documents categories include statements and account documents and tax forms. The above information regarding the purpose and effect of your consent, including how to request paper delivery, how to ask questions, how to withdraw consent for paperless delivery, electronic notification of ready statements, keeping a current email address, hardware and software requirements, and security and privacy information, are all applicable to Schwab Bank accounts. Paperless Documents include account statements and tax forms. In addition, account statements for your Investor Checking account(s), Investor Savings account(s), and Pledged Asset Line® account(s) provide important information about your accounts, including the account balance; the transactions conducted; other activity in your accounts; and other information, terms, and conditions governing your accounts.

Brokerage Products: Not FDIC-Insured • No Bank Guarantee • May Lose Value

Charles Schwab Bank and Charles Schwab & Co., Inc. are separate but affiliated companies and subsidiaries of The Charles Schwab Corporation. Brokerage products offered by Charles Schwab & Co., Inc. are not insured by the FDIC, are not deposits or obligations of Charles Schwab Bank, and are subject to investment risk, including the possible loss of principal invested. Deposit and other lending products and services are offered by Charles Schwab Bank, Member FDIC and an Equal Housing Lender. Charles Schwab Bank is not acting or registered as a securities broker-dealer or investment advisor.

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