

**Funds Transfer Request** (Please Type Instructions)

**USD Transfer Information**

Effective Date:

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH  Check  Domestic Wire  International Wire

Principal:  Income:

**Originator Information**

Debit Account #:  Debit Account Title:

**Receiving Party Information**

Receiving Bank ABA:	<input type="text" value="267090455"/>	Address 1:	<input type="text"/>
Receiving Bank Name:	<input type="text" value="Gibraltar Private Bank &amp; Trust"/>	Address 2:	<input type="text"/>
Beneficiary Account #:	<input type="text"/>	City:	<input type="text"/>
Beneficiary Name:	<input type="text" value="The LS Law Firm, PA"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

**Pay Through/Intermediary Party (If Required)**

Account Type:  DDA (US)  Swift  Other

Intermediary Bank Account/Code:

Intermediary Bank Name:

**Other**

**Payment Details (Reference/ Advice Description/Addenda)**

Authorized By

Date

**Funds Transfer Request** (Please Type Instructions)

**USD Transfer Information**

Effective Date:

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH

Check

Domestic Wire

International Wire

Principal:

Income:

**Originator Information**

Debit Account #:

Debit Account Title:

**Receiving Party Information**

Receiving Bank ABA:

Receiving Bank Name:

Beneficiary Account #:

Beneficiary Name:

Address 1:

Address 2:

City:

State:

Zip Code:

**Pay Through/Intermediary Party (If Applicable)**

Account Type:  DDA (US)  Swift  Other

Intermediary Bank Account/Code:

Intermediary Bank Name:

**Other:**

Payment Details (Reference/ Advice Description/Addenda)

Authorized By \_\_\_\_\_

Date

**Funds Transfer Request** (Please Type Instructions)

**US\$ Transfer Information**

Effective Date:

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH  Check  Domestic Wire  International Wire

Principal:  Income:

**Originator Information**

Debit Account #:  Debit Account Title:

**Receiving Party Information**

Receiving Bank ABA:

Receiving Bank Name:

Beneficiary Account #:

Beneficiary Name:

Address 1:

Address 2:

City:

State:  Zip Code:

**Pay Through Intermediary Party (if Required)**

Account Type:  DOA (US)  Swift  Other

Intermediary Bank Account/Code:

Intermediary Bank Name:

**Other**

Payment Details (Reference/ Advice Description/Addenda)

Authorized By /

Date

**JEFFREY E. EPSTEIN**

Memorandum

To:

From:

Date: June 18, 2012

Re:

\*\*\*\*\*

Please wire Five Thousand Two Hundred Twenty Five Dollars & 00/100 (\$5,225.00)  
from the above account to:

Bank name: Gibraltar Private Bank & Trust  
Coral Gables, FL

ABA #: 267090455

For credit to: The LS Law Firm, P.A.

Account #:

Reference:

Please call with the Fed Reference number.

**JEFFREY E. EPSTEIN**

Memorandum

To:  
From:  
Date: July 5, 2011  
Re:

\*\*\*\*\*

Please wire Four Hundred Fifty Thousand Dollars & 00/100 (\$450,000.00) from the above account to:

Bank name: City National Bank of Florida  
25 West Flagler Street  
Miami, FL 33130

ABA #: 066004367

For credit to: Fowler White Burnett P.A.. Trust Account  
Account

Reference:

Please call with the Fed Reference number.

**JEFFREY E. EPSTEIN**

Memorandum

To: -  
From: -  
Date: September 14, 2011  
Re: .

\*\*\*\*\*

Please wire One Hundred Thousand Dollars & 00/100 (\$100,000.00) from the above account to:

Bank name: City National Bank of Florida  
25 West Flagler Street  
Miami, FL 33130

ABA #: 066004367

For credit to: Fowler White Burnett P.A., Trust Account  
Account

Reference: -

Please call with the Fed Reference number.

**JEFFREY E. EPSTEIN**

Memorandum

To:

From:

Date: September 19, 2011

Re:

\*\*\*\*\*

Please wire One Hundred Forty Thousand Dollars & 00/100 (\$140,000.00) from the above account to:

Bank name: City National Bank of Florida  
25 West Flagler Street  
Miami, FL 33130

ABA #: 066004367

For credit to: Fowler White Burnett P.A., Trust Account  
Account

Reference:

Please call with the Fed Reference number.

check 1242

12/30/2011

Fowler White Burnett P.A.

\*\*113,961.01

One Hundred Thirteen Thousand Nine Hundred Sixty-One and 01/100\*\*\*\*\*

Fowler White Burnett P.A.

Fowler White Burnett P.A.

12/30/2011

full and final payment for oct and nov invoices

113,961.01

113,961.01

Fowler White Burnett P.A.

12/30/2011

full and final payment for oct and nov invoices

113,961.01

\*\*\*

113,961.01

**JEFFREY E. EPSTEIN**

Memorandum

To:

From:

Date: April 5, 2012

Re:

\*\*\*\*\*

Please wire Forty Thousand Dollars & 00/100 (\$40,000.00) from the above account to:

Bank name: City National Bank of Florida  
25 West Flagler Street  
Miami, FL 33130

ABA #: 066004367

For credit to: Fowler White Burnett P.A., Trust Account  
Account #

Reference:

Please call with the Fed Reference number.

**Funds Transfer Request** (Please Type Instructions)

**USD Transfer Information**

Effective Date:

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH  Check  Domestic Wire  International Wire

Principal:  Income:

**Originator Information**

Debit Account #:  Debit Account Title:

**Receiving Party Information**

Receiving Bank ABA:	<input type="text" value="066004367"/>	Address 1:	<input type="text" value="25 West Flagler Street"/>	
Receiving Bank Name:	<input type="text" value="City National Bank of Florida"/>	Address 2:	<input type="text"/>	
Beneficiary Account #:	<input type="text"/>	City:	<input type="text" value="Miami"/>	
Beneficiary Name:	<input type="text" value="Fowler White Burnett P.A., Trust AC"/>	State:	<input type="text" value="FL"/>	Zip Code: <input type="text" value="33130"/>

**Pay Through/Intermediary Party (If Required)**

Account Type:  DDA (US)  Swift  Other

Intermediary Bank Account/Code:

Intermediary Bank Name:

**Other**

Payment Details (Reference/ Advice Description/Addenda)

\_\_\_\_\_  
Authorized By 11/29/12  
Date

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs:  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

to follow the below asset movement instructions.

DBAB Account Name Jeffrey E Epstein

Account #:

**Wire**

Wire federal funds in the amount of \$ 2,921.25

To Bank Name: Sabadell United Bank

City / State: \_\_\_\_\_

ABA #: 067009646

Further credit to intermediary financial institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: Tonja Haddad PA Trust Account

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

Qty/Symbol/Security: \_\_\_\_\_

Qty/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Deliveries**

Please deliver the securities indicated below to:

DTCC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

Qty/Symbol/Security: \_\_\_\_\_

Qty/Symbol/Security: \_\_\_\_\_

### Standing Authorization

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g. as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) \_\_\_\_\_ this authorization was \_\_\_\_\_ bearing original signature(s) of the undersigned.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

8-3-2015

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



10-PWM-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions.  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jeffrey E. Epstein

Account #: \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 3,357.50

To Bank Name: Sabadell United Bank

City / State: \_\_\_\_\_

ABA # 067009646

Further credit to Intermediary Financial Institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: Tonja Haddad PA Trust Account

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Deliveries**

Please deliver the securities indicated below to:

DTCC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

### Standing Authorization

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any accounts) pursuant to this authorization without written instructions bearing original signature(s) of the undersigned.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

6-23-2015

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



LOA

10-PWM-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form

DBAB Account Name: Jeffrey E Epstein

Account #:

**Wire**  
 Wire federal funds in the amount of \$ 8,646.25  
 To Bank Name: Sabadell United Bank  
 City / State: \_\_\_\_\_  
 ABA #: 067009646  
 Further credit to Intermediary Financial Institution (Optional)  
 Account #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Ultimate Beneficiary Information:  
 Beneficiary Name: Tonja Haddad PA Trust Account  
 Account #: \_\_\_\_\_  
 Additional Instructions: \_\_\_\_\_

**Journal**  
 Journal Funds in the amount of \$ \_\_\_\_\_  
 Journal Holdings.  
 Qty/Symbol/Security: \_\_\_\_\_  
 Qty/Symbol/Security: \_\_\_\_\_  
 Journal All Holdings  
 To DBAB Account #: \_\_\_\_\_  
 Account Name: \_\_\_\_\_

**Check**  
 Issue a check in the amount of \$ \_\_\_\_\_ payable to:  
 Recipient's Name: \_\_\_\_\_  
 Recipient's Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Free Deliveries**  
 Please deliver the securities indicated below to:  
 DTCC#: \_\_\_\_\_  
 Name of Receiving Firm: \_\_\_\_\_  
 Account Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ at Receiving Firm  
 Qty/Symbol/Security: \_\_\_\_\_  
 Qty/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any accounts) pursuant to this authorization with \_\_\_\_\_ bearing original signature(s) of the undersigned.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

5-20-2015

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



10-PWM-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions.  
If you wish to request multiple wires, checks, journals or free deliveries please use the long form.

DBAB Account Name: Jeffrey E. Epstein

Account #: \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 4,122.50

To Bank Name Sabadell United Bank

City / State: \_\_\_\_\_

ABA # 067009646

Further credit to Intermediary Financial Institution (Optional)

Account # \_\_\_\_\_

Name \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name Tonia Haddad PA Trust Account

Account # \_\_\_\_\_

Additional Instructions \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings

Qty/Symbol/Security \_\_\_\_\_

Qty/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account # \_\_\_\_\_

Account Name \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address \_\_\_\_\_

**Free Deliveries**

Please deliver the securities indicated below to:

DTCC#, \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number, \_\_\_\_\_ at Receiving Firm

Qty/Symbol/Security \_\_\_\_\_

Qty/Symbol/Security \_\_\_\_\_

**Standing Authorization**

The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.

The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization (without written instructions bearing original signature(s) of the undersigned).

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date 4-27-2015

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_





# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions.  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jeffrey E Epstein

Account #:

**Wire**

Wire federal funds in the amount of \$ 20,315.00

To Bank Name: Sabadell United Bank

City / State \_\_\_\_\_

ABA #: 067008648

Further send to (Intermediary Financial Institution (Optional)) \_\_\_\_\_

Account # \_\_\_\_\_

Name \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: Tonia Haddad PA Trust Account

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings

City/State/Security: \_\_\_\_\_

City/State/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

OTCC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/State/Security: \_\_\_\_\_

City/State/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For states or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization including any standing authorization.

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may, in its sole discretion, refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to the authorization without \_\_\_\_\_ (using original signature) of the undersigned.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date 2-27-2015

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below stated movement instructions.  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAS Account Name: Jeffrey E. Epstein

Account #:

**Wire**  
 Wire instant funds in the amount of \$ 15,593.75  
 To Bank Name: Sebedell United Bank  
 City / State: \_\_\_\_\_  
 ABA #: 087000046  
 Further credit to Intermediary Financial Institution (Optional)  
 Account #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Ultimate Beneficiary Information:  
 Beneficiary Name: Tonia Haddad PA Trust Account  
 Account #: \_\_\_\_\_  
 Additional Instructions: \_\_\_\_\_

**Journal**  
 Journal Funds in the amount of \$ \_\_\_\_\_  
 Journal Holding:  
 Div/Symbol/Security: \_\_\_\_\_  
 Journal All Holdings  
 To DBAS Account #: \_\_\_\_\_  
 Account Name: \_\_\_\_\_

**Check**  
 Issue a check in the amount of \$ \_\_\_\_\_ payable to:  
 Recipient's Name: \_\_\_\_\_  
 Recipient's Mailing Address: \_\_\_\_\_

**Free Delivery**  
 Please deliver the securities indicated below to:  
 DTCC#: \_\_\_\_\_  
 Name of Receiving Firm: \_\_\_\_\_  
 Account Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ at Receiving Firm  
 Div/Symbol/Security: \_\_\_\_\_  
 Div/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that the authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For instance or other abilities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ pursuant to this authorization including any standing authorization or compliance with the authorization and/or any instructions that may be given to \_\_\_\_\_.

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any accounts not authorized by this authorization without (regardless of original signature(s) of the undersigned).

Signature \_\_\_\_\_ First Name \_\_\_\_\_ Date 2-4-2015  
 Signature \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

LOA  
 16-PWS-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_  
 If you wish to request multiple wires, checks, journals or rce deliveries, please use the long form.

to follow the below asset movement instructions.

DBAB Account Name: Jeffrey E Epstein

Account #:

**Wire**

Wire federal funds in the amount of \$ 11,820.00

To Bank Name: Sebadell United Bank

City / State: \_\_\_\_\_

ABA #: 087009648

Further credit to Intermediary Financial Institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

**Ultimate Beneficiary Information**

Beneficiary Name: Tonia Haddad PA Trust Account

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

DTCC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, imperfections, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization without written instructions bearing original signature of the undersigned.

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_

1-7-2015  
 Date

Date \_\_\_\_\_  
 10-PWM-01775 (12/14)  
 LOA

Private Wealth Management

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions.  
If you wish to request multiple wires, checks, journals or line deliveries, please use the long form.

DBAB Account Name: Jeffrey E Epstein

Account #: \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 1,015.00

To Bank Name: Sabadell United Bank

City / State: \_\_\_\_\_

ABA #: 087009646

Further credit to intermediary financial institution (Optional): \_\_\_\_\_

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: Tonia Haddad PA Trust Account

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Line Delivery**

Please deliver the securities indicated below to:

DTCID: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ of Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds (all from the above listed accounts). The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, imperfections, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account pursuant to this authorization without \_\_\_\_\_ original signature(s) of the undersigned.

Signature: \_\_\_\_\_ Wire from: \_\_\_\_\_ Date: 11-4-2014

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jeffrey E Epstein

Account # \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 5,855.00

To Bank Name: Sabadell United Bank

City / State: \_\_\_\_\_

ABA #: 067009846

Further credit to intermediary financial institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: Tonia Haddad PA Trust Account

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Deliveries**

Please deliver the securities indicated below to:

DTC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that the authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal if the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization without releasing original signature(s) of the undersigned.

Signature \_\_\_\_\_ Date 10-8-2014

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



## Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions. If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBA/Account Name Jeffrey E Epstein

Account # \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 5,100.00

To Bank Name Sebedell United Bank

City / State \_\_\_\_\_

ABA # 067009646

Further credit to Intermediary Financial Institution (Optional) \_\_\_\_\_

Account # \_\_\_\_\_

Name \_\_\_\_\_

**Ultimate Beneficiary Information:**

Beneficiary Name Tonia Haddad PA Trust Account

Account # \_\_\_\_\_

Additional Instructions \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings \_\_\_\_\_

City/Symbol/Security \_\_\_\_\_

City/Symbol/Security \_\_\_\_\_

Journal All Holdings \_\_\_\_\_

DBA/Account # \_\_\_\_\_

Account Name \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient Name: \_\_\_\_\_

Recipient's Mailing Address \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

DTCC: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number \_\_\_\_\_ at Receiving Firm

City/Symbol/Security \_\_\_\_\_

City/Symbol/Security \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, imperfections, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ accept or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization including any standing authorization.

The undersigned understands that \_\_\_\_\_ may but is not required to seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reasons to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account to this authorization and \_\_\_\_\_ because of the undersigned.

Print Name \_\_\_\_\_ Date 9-10-2014

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions. If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jeffrey E Epstein

Account # \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 8,627.50

To Bank Name Sabadell United Bank

City / State \_\_\_\_\_

ABA # 007009946

Further credit to Intermediary Financial Institution (Optional) \_\_\_\_\_

Account # \_\_\_\_\_

Name \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name Tania Haddad PA Trust Account

Account # \_\_\_\_\_

Additional Instructions \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings

City/State/Security \_\_\_\_\_

City/State/Security \_\_\_\_\_

Journal All Holdings

To DBAB Account # \_\_\_\_\_

Account Name \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient's Name \_\_\_\_\_

Recipient's Mailing Address \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

City \_\_\_\_\_

Name of Receiving Firm \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_ at Receiving Firm

City/State/Security \_\_\_\_\_

City/State/Security \_\_\_\_\_

### Standing Authorization

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For funds or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any act or claim or demand of any person as a result of \_\_\_\_\_ pursuant to the authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities on any account(s) pursuant to the authorization (unless the instructions have a signed signature) of the undersigned.

By \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Signature First Name Title

8-21-2014

Date

Date



10-PW6-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions. If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAS Account Name: Jeffrey E Epstein

Account # \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 1,339.76

To Bank Name: Sabadell United Bank

City / State: \_\_\_\_\_

ABA #: 087099846

Further credit to intermediary financial institution (Optional): \_\_\_\_\_

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Libraeus Beneficiary Information:

Beneficiary Name: Tania Haddad PA Trust Account

Account #: \_\_\_\_\_

Additional instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAS Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

CRDCC: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (a) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (b) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including post-top fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misinterpretations, imperfections, transmission by unauthorized persons, forgery or intercepts. For airtels or other airtels, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to the authorization, without incurring any liability if \_\_\_\_\_ has reasons to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account pursuant to this authorization without written verifications (bearing original signatures) of the undersigned.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

7-16-2014

Date \_\_\_\_\_

LOA

10-PWS-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_  
if you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

to follow the below asset movement instructions

DBAB Account Name: Jeffrey E. Epstein

Account # \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 6,056.25

To Bank Name: Sabadell United Bank

City / State \_\_\_\_\_

ABA # 087009846

Further credit to Intermediary Financial Institution (Optional)

Account # \_\_\_\_\_

Name \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: Tonia Haddad PA Trust Account

Account # \_\_\_\_\_

Additional Instructions \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security \_\_\_\_\_

City/Symbol/Security \_\_\_\_\_

Journal All Holdings

To DBAB Account # \_\_\_\_\_

Account Name \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient's Name \_\_\_\_\_

Recipient's Mailing Address \_\_\_\_\_

**Free Deliveries**

Please deliver the securities indicated below to:

Office \_\_\_\_\_

Name of Receiving Firm \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_ at Receiving Firm

City/State/Zip/Security \_\_\_\_\_

City/State/Zip/Security \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including electronic fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, imperfections, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) if \_\_\_\_\_ this authorization \_\_\_\_\_ missing original signature(s) of the undersigned.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date 6-16-2014

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions. If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jeffrey E Epstein

Account #:

**Wire**

Wire federal funds in the amount of \$ 4,101.26

To Bank Name: Sabadell United Bank

City / State: \_\_\_\_\_

ABA #: 067999846

Further credit to Intermediary Financial Institution (Optional): \_\_\_\_\_

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information

Beneficiary Name: Toni Haddad PA Trust Account

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

On/Symbol/Security: \_\_\_\_\_

On/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

DICD#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

On/Symbol/Security: \_\_\_\_\_

On/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned, and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any coupon, claim or demand of any person as a result of \_\_\_\_\_'s receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any accounts not to this authorization with \_\_\_\_\_ (original signature) of the undersigned.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

5-20-2014

Date

Date



10-PWM-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_, to follow the below asset movement instructions.  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jeffrey E. Epstein

Account #:

**Wire**

Wire federal funds in the amount of \$ 3,400.00

To Bank Name: Sabadell United Bank

City / State: \_\_\_\_\_

ABA #: 097000946

Further credit to Intermediary Financial Institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Interwire beneficiary information

Beneficiary Name: Tonia Maddox PA Trust Account

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

Qty/Symbol/Security: \_\_\_\_\_

Qty/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Deliveries**

Please deliver the securities indicated below to:

DTCID: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, imperfections, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ in the sole discretion of \_\_\_\_\_ may refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without \_\_\_\_\_ to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization (original signature(s) of the undersigned).

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date

3-4-2014

Date

Date



10-PWM-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions. If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

to follow the below asset movement instructions.

DBAB Account Name: Jeffrey E Epstein

Account #:

**Wire**

Wire federal funds in the amount of \$ 12,100.00

To Bank Name: Sabadell United Bank

City / State: \_\_\_\_\_

ABA #: 067000649

Further credit to Intermediary Account (Indication (Optional)) \_\_\_\_\_

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: Tonia Haddad PA Trust Account

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

DTCC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trust or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability. \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization \_\_\_\_\_ instructions seeking original signature(s) of the undersigned.

Signature \_\_\_\_\_

2-24-2014

Date

Signature \_\_\_\_\_

Print Name

Date



10-PWM-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs C. If you wish to request multiple wires, checks, journals or free deliveries, please use the back of this form.

to follow the below asset movement instructions.

DBAD Account Name: Jeffrey E Epstein

Account #:

**Wire**

Wire federal funds in the amount of \$ 43,000.00

To Bank Name: Sabodell United Bank

City / State: \_\_\_\_\_

ABA #: 037000040

Further credit to intermediary financial institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information

Beneficiary Name: Tanin Haddad PA Trust Account

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAD Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

DTCC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until it is requested a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a sum of \_\_\_\_\_.

The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees that \_\_\_\_\_ may verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned, and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop link via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, imperfections, interception by unauthorized persons, forgery or intercepts. For checks or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ (including, but not limited to, any action or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization, including, but not limited to, any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ reserves the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization without the original signature(s) of the undersigned.

Signature: \_\_\_\_\_ Date: 11-28-2013

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Private Wealth Management

Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions. If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAR Account Name: Jeffrey F Engstain

Account # \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 66,346.70

To Bank Name: Baradea United Bank

City / State: \_\_\_\_\_

ABA #: 0165004987

Further credit to be earned by Recipient Institution (Optional): \_\_\_\_\_

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: Tonia Harding PA Trust Account

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAR Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient Name: \_\_\_\_\_

Recipient Mailing Address: \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

OTCC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Banking Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Standing Authorization

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed account. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions listed pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including checking fax), via email or as an image attached to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misreadings, imperfections, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any error, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with the authorized, and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization, including e-mail, faxing or other transmission.

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability. If \_\_\_\_\_ does not intend to believe such instructions (or standing instructions) have not been provided by the undersigned, the undersigned further understands and agrees that \_\_\_\_\_ reserves the right to refuse to execute any instructions to transfer funds or securities to any account(s) without written, independent bearing original signature(s) of the undersigned.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

10-31-2013



10-PWM-01776 (12/10)

**Funds Transfer Request** (Please Type Instructions)

**USD Transfer Information**

Effective Date:

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH  Check  Domestic Wire  International Wire

Principal:  Income:

**Originator Information**

Debit Account #:  Debit Account Title:

**Receiving Party Information**

Receiving Bank ABA:	<input type="text" value="067009646"/>	Address 1:	<input type="text"/>
Receiving Bank Name:	<input type="text" value="Sabadell United Bank"/>	Address 2:	<input type="text"/>
Beneficiary Account #:	<input type="text"/>	City:	<input type="text"/>
Beneficiary Name:	<input type="text" value="Tonja Haddad PA Trust Account"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

**Pay Through Intermediary Party (if Required)**

Account Type:  DDA (US)  Swift  Other

Intermediary Bank Account/Code:

Intermediary Bank Name:

**Other**

Payment Details (Reference/ Advice Description/Addenda)

\_\_\_\_\_  
Authorized By \_\_\_\_\_   
Date

**Funds Transfer Request** (Please Type Instructions)

**Send Trans Information**

Effective Date:

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH  Check  Domestic Wire  International Wire

Principal:  Income:

**Originator Information**

Debit Account #:  Debit Account Title:

**Receiving Party Information**

Receiving Bank ABA:	<input type="text" value="087009848"/>	Address 1:	<input type="text"/>
Receiving Bank Name:	<input type="text" value="Sabadell United Bank"/>	Address 2:	<input type="text"/>
Beneficiary Account #:	<input type="text"/>	City:	<input type="text"/>
Beneficiary Name:	<input type="text" value="Tonja Haddad PA Trust Account"/>	State:	<input type="text"/> Zip Code: <input type="text"/>

**Pay Through/Intermediary Party (If Required)**

Account Type:  DDA (US)  Swift  Other

Intermediary Bank Account/Code:

Intermediary Bank Name:

**Other**

Payment Details (Reference/ Advice Description/Addenda)

Authorized By

Date

**Funds Transfer Request** (Please Type Instructions)

**USD Transfer Information**

Effective Date:

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH  Check  Domestic Wire  International Wire

Principal:  Income:

**Debit Account Information**

Debit Account #:  Debit Account Title:

**Receiving Party Information**

Receiving Bank ABA:	<input type="text" value="087008848"/>	Address 1:	<input type="text"/>
Receiving Bank Name:	<input type="text" value="Sabadell United Bank"/>	Address 2:	<input type="text"/>
Beneficiary Account #:	<input type="text"/>	City:	<input type="text"/>
Beneficiary Name:	<input type="text" value="Tonja Haddad PA Trust Account"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

**Pay Through/Intermediary Party (if Required)**

Account Type:  DDA (US)  Swift  Other

Intermediary Bank Account/Code:

Intermediary Bank Name:

**Other**

Payment Details (Reference/ Advice Description/Addenda)

\_\_\_\_\_  
Authorized By/   
Date

**Funds Transfer Request** (Please Type Instructions)

**USD Transfer Information**

Effective Date:

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH

Check

Domestic Wire

International Wire

Principal:

Income:

**Originator Information**

Debit Account #:

Debit Account Title:

**Receiving Party Information**

Receiving Bank ABA:

Receiving Bank Name:

Beneficiary Account #:

Beneficiary Name:

Address 1:

Address 2:

City:

State:

Zip Code:

**Pay Through/Intermediary Party (if Required)**

Account Type:  DDA (US)  Swift  Other

Intermediary Bank Account/Code:

Intermediary Bank Name:

**Other**

Payment Details (Reference/ Advice Description/ Addenda)

Authorized By

Date

**Funds Transfer Request** (Please Type Instructions)

**USD Transfer Instructions**

Effective Date:

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH  Check  Domestic Wire  International Wire

Principal:  Income:

**Originator Information**

Debit Account #:  Debit Account Title:

**Receiving Party Information**

Receiving Bank ABA:  Address 1:   
Receiving Bank Name:  Address 2:   
Beneficiary Account #:   
Beneficiary Name:  City:   
State:  Zip Code:

**Pay Through Intermediary Party (If Required)**

Account Type:  DDA (US)  Swift  Other  
Intermediary Bank Account/Code:   
Intermediary Bank Name:

**Notes**

Payment Details (Reference/ Advice Description/Addenda)

\_\_\_\_\_  
Authorized By   
Date

**Funds Transfer Request** (Please Type Instructions)

**USD Transfer Information**

Effective Date:

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH  Check  Domestic Wire  International Wire

Principal:  Income:

**Originator Information**

Debit Account #:  Debit Account Title:

**Receiving Party Information**

Receiving Bank ABA:	<input type="text" value="067009846"/>	Address 1:	<input type="text"/>
Receiving Bank Name:	<input type="text" value="Sabadell United Bank"/>	Address 2:	<input type="text"/>
Beneficiary Account #:	<input type="text"/>	City:	<input type="text"/>
Beneficiary Name:	<input type="text" value="Tonja Haddad PA Trust Account"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

**Pay Through/Intermediary Party (If Required)**

Account Type:  DDA (US)  Swift  Other

Intermediary Bank Account/Code:

Intermediary Bank Name:

**Other**

Payment Details (Reference/ Advice Description/Addenda)

\_\_\_\_\_  
Authorized by

Date

**Funds Transfer Request** (Please Type Instructions)

USD Through Account

Effective Date: 03/21/19

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH  Check  Domestic Wire  International Wire

Principal: \$35,557.85 Income:

Originator Information

Debit Account #: Debit Account Title: Jeffrey E. Epstein

Receiving Party Information

Receiving Bank ABA: 087008848  
Receiving Bank Name: Sabadell United Bank  
Beneficiary Account #:   
Beneficiary Name: Tonja Haddad PA Trust Account  
Address 1:   
Address 2:   
City:   
State: Zip Code:

Pay Through Intermediary Party (If Required)

Account Type:  DDA (US)  SWIFT  Other

Intermediary Bank Account/Code:

Intermediary Bank Name:

Other

Payment Details (Reference/ Advice Description/Addenda)

Authorized By

03/21/19

Date

**Funds Transfer Request** (Please Type Instructions)

**USD Transfer Information**

Effective Date:

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH  Check  Domestic Wire  International Wire

Principal:  Income:

**Originator Information**

Debit Account #:  Debit Account Title:

**Receiving Party Information**

Receiving Bank ABA:	<input type="text" value="067009648"/>	Address 1:	<input type="text"/>
Receiving Bank Name:	<input type="text" value="Sabadell United Bank"/>	Address 2:	<input type="text"/>
Beneficiary Account #:	<input type="text"/>	City:	<input type="text"/>
Beneficiary Name:	<input type="text" value="Tonja Haddad PA Trust Account"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

**Pay Through/Intermediary Party (If Required)**

Account Type:  DDA (US)  Swift  Other

Intermediary Bank Account/Code:

Intermediary Bank Name:

**Other**

Payment Details (Reference/ Advice Description/Addenda)

\_\_\_\_\_  
Authorized By

Date

Funds Transfer Request (Please Type Instructions)

Transfer Information

Effective Date: 01/16/13

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH  Check  Domestic Wire  International Wire

Principal: \$22,183.75 Income:

Debit Account Information

Debit Account #: Debit Account Title: Jeffrey E. Epstein

Receiving Bank Information

Receiving Bank ABA: 067009648

Receiving Bank Name: Sabadell United Bank

Beneficiary Account #:

Beneficiary Name: Tonja Haddad PA Trust Account

Address 1:

Address 2:

City:

State: Zip Code:

Pay Through Intermediary Party (if Required)

Account Type:  DDA (US)  Swift  Other

Intermediary Bank Account/Code:

Intermediary Bank Name:

Other

Payment Details (Reference/ Advice Description/Addenda)

Empty box for Payment Details

01/16/13

Authorized by

Date

**Funds Transfer Request** (Please Type Instructions)

**USD Transfer Information**

Effective Date:

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH  Check  Domestic Wire  International Wire

Principal:  Income:

**Originator Information**

Debit Account #:  Debit Account Title:

**Receiving Party Information**

Receiving Bank ABA:	<input type="text" value="067009848"/>	Address 1:	<input type="text"/>
Receiving Bank Name:	<input type="text" value="Sabadell United Bank"/>	Address 2:	<input type="text"/>
Beneficiary Account #:	<input type="text"/>	City:	<input type="text"/>
Beneficiary Name:	<input type="text" value="Tonja Haddad PA Trust Account"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

**Pay Through/Intermediary Party (If Required)**

Account Type:  DDA (US)  Swift  Other

Intermediary Bank Account/Code:

Intermediary Bank Name:

**Other**

Payment Details (Reference/ Advice Description/Addenda)

\_\_\_\_\_  
Authorized By \_\_\_\_\_ Date

**JEFFREY E. EPSTEIN**

Memorandum

To:

From:

Date: November 6, 2012

Re:

\*\*\*\*\*

Please wire Nineteen Thousand Three Hundred Eighty Three Dollars & 75/100  
(\$19,383.75) from the above account to:

For credit to: Sabadell United Bank

ABA #: 067009646

For further credit to: Tonja Haddad PA Trust Account

Account #:

Reference:

**JEFFREY E. EPSTEIN**

Memorandum

To:

From:

Date: September 13, 2012

Re:

\*\*\*\*\*

Please wire Twenty Nine Thousand Three Hundred Eighty One Dollars & 75/100  
(\$29,381.75) from the above account to:

For credit to: Sabadell United Bank

ABA #: 067009646

For further credit to: Tonja Haddad PA Trust Account

Account #:

Reference:

**JEFFREY E. EPSTEIN**

Memorandum

To:

From:

Date: August 29, 2012

Re:

\*\*\*\*\*

Please wire Twenty Five Thousand Dollars & 00/100 (\$25,000.00) from the above account to:

For credit to: Sabadell United Bank

ABA #: 067009646

For further credit to: Tonja Haddad PA Trust Account

Account #:

**JEFFREY E. EPSTEIN**

Memorandum

To:  
From:  
Date: July 5, 2012  
Re:

\*\*\*\*\*

Please wire **Twenty Three Thousand One Hundred Sixty Two Dollars & 05/100 (\$23,162.05)** from the above account to:

For credit to: **Sabadell United Bank**  
ABA #: **067009646**  
For further credit to: **Tonja Haddad PA Trust Account**  
Account #:

Jeffrey Epstein

06/08/2012

Account name: Jeffrey Epstein

Account #:

Please wire transfer Two Thousand Five Hundred Dollars \$2500  
From the above account to:

Sabadell United Bank  
Routing # 067009646  
Account # 0165004987  
,  
, Tonja Haddad PA Trust Account  
,  
,

**JEFFREY E. EPSTEIN**

Memorandum

To:

From:

Date: May 22, 2012

Re:

\*\*\*\*\*

Please wire Fifteen Thousand Dollars (**\$15,000**) from the above account to:

For credit to: Sabadell United Bank

ABA #: 067009646

For further credit to: Tonja Haddad PA Trust Account

Account #:

Reference:

**JEFFREY E. EPSTEIN**

Memorandum

To:

From:

Date: March 14, 2012

Re:

\*\*\*\*\*

Please wire **Ten Thousand Dollars (\$10,000)** from the above account to:

For credit to: Sabadell United Bank

ABA #: 067009646

For further credit to: Tonja Haddad PA Trust Account

Account #:

Reference:

Private Wealth Management

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_, to follow the below asset movement instructions. If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jeffrey E Epstein

Account # \_\_\_\_\_

Wires

Wire federal funds in the amount of \$ 25,000.00

To Bank Name: Valley National Bank

City / State: \_\_\_\_\_

ABA #: 067014987

Further credit to Intermediary Financial Institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: Attorbury, Goldberger and Weiss P.A.

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

Journal

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings

DBAB Account/Security: \_\_\_\_\_

DBAB Account/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

Check

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

Free Deliveries

Please deliver the securities indicated below to:

DBAB: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/State/Security: \_\_\_\_\_

City/State/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that the authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal if the undersigned decides to vary either the date or the amount of the wire, check or journal. The undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the checks or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and legitimacy of verbal instructions.

The undersigned hereby acknowledges that (a) the information contained on this form is complete and accurate to the best knowledge of the undersigned, and (b) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including using a fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, imperfections, transmission by unauthorized persons, forgery or intercepts. For **WIRE** or other **critical** activities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability. \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization if the instructions are not being original signatures of the undersigned.

Signature: \_\_\_\_\_ Firm Name: \_\_\_\_\_ Date: 4-1-2015

Signature: \_\_\_\_\_ Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_



**Funds Transfer Request** (Please Type Instructions)

**USD Transfer Information**

Effective Date:

Please enter current or future date only

Select Appropriate Payment Type and Fields will be Displayed

ACH  Check  Domestic Wire  International Wire

Principal:  Income:

**Originator Information**

Debit Account #:  Debit Account Title:

**Receiving Party Information**

Receiving Bank ABA:	<input type="text" value="067014987"/>	Address 1:	<input type="text"/>
Receiving Bank Name:	<input type="text" value="First United Bank"/>	Address 2:	<input type="text"/>
Beneficiary Account #:	<input type="text"/>	City:	<input type="text"/>
Beneficiary Name:	<input type="text" value="Atterbury, Goldberger and Weiss PC"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

**Pay Through/Intermediary Party (If Required)**

Account Type:  DDA (US)  Swift  Other

Intermediary Bank Account/Code:

Intermediary Bank Name:

**Other**

Payment Details (Reference/ Advice Description/Addenda)

Authorized By

Date

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

to follow the below asset movement instructions.

DBAB Account Name: Jeffrey E Epstein

Account #: \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 8,155.00

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33408

ABA #: 067014987

Further credit to Intermediary Financial Institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

**Ultimate Beneficiary Information:**

Beneficiary Name: W. Chester Brewer, Jr., P.A.

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

Qty/Symbol/Security: \_\_\_\_\_

Qty/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Deliveries**

Please deliver the securities indicated below to:

DTCC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

Qty/Symbol/Security: \_\_\_\_\_

Qty/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) to this authorization without written instructions bearing original signature(s) of the undersigned.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

8-6-2015

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



10-PWM-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions.  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jeffrey E Epstein

Account #: \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 12,006.00

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33408

ABA #: 067014987

Further credit to intermediary financial institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: W. Chester Brewer, Jr., P.A.

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

Qty/Symbol/Security: \_\_\_\_\_

Qty/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Deliveries**

Please deliver the securities indicated below to:

DRCC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

Qty/Symbol/Security: \_\_\_\_\_

Qty/Symbol/Security: \_\_\_\_\_

### Standing Authorization

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization \_\_\_\_\_ written and \_\_\_\_\_ bearing original signature(s) of the undersigned.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

6-17-2015

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



10-PWM 01775 (12/10)

Private Wealth Management

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions.  
If you wish to request multiple wires, checks, journals or free deliveries please use the long form.

DBAB Account Name Jeffrey E Epstein

Account # \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 8,110.00

To Bank Name 1st United Bank

City / State North Palm Beach, FL 33408

ABA # 067014987

Further credit to Intermediary Financial Institution (Optional)

Account # \_\_\_\_\_

Name \_\_\_\_\_

Ultimate Beneficiary Information

Beneficiary Name W. Chester Brewer, Jr., P.A.

Accepted \$ \_\_\_\_\_

Additional Instructions \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings

OneSymbolSecurity \_\_\_\_\_

TwoSymbolSecurity \_\_\_\_\_

Journal Ad Holdings

to DBAB Account # \_\_\_\_\_

Account Name \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient's Name \_\_\_\_\_

Recipient's Mailing Address \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

DTC# \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_ at Receiving Firm

OneSymbolSecurity \_\_\_\_\_

TwoSymbolSecurity \_\_\_\_\_

**Standing Authorization**

The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.

The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedure of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be issued to \_\_\_\_\_ pursuant to this authorization including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any accounts) pursuant to this authorization. (The written instructions being original signatures of the undersigned.)

Signature \_\_\_\_\_ Date 5-13-2015

Signature \_\_\_\_\_ Firm Name \_\_\_\_\_ Date \_\_\_\_\_



# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

to follow the below asset movement instructions.

DBAS Account Name: Jeffrey E Epstein

Account # \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 10,999.00

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33408

ABA #: 067014987

Further credit to Intermediary Financial Institution (Optional)

Account # \_\_\_\_\_

Name \_\_\_\_\_

Ultimate Beneficiary Information

Beneficiary Name: W. Chester Brewer, Jr., P.A.

Account # \_\_\_\_\_

Additional Instructions \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAS Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient's Name \_\_\_\_\_

Recipient's Mailing Address \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

DTCC# \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization not as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned, and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including post-top fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability. If \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned, the undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization without written instructions bearing original signature(s) of the undersigned.

Signature \_\_\_\_\_

4-17-2015

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



10-PWM-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form

DBAB Account Name Jeffrey E Epstein

Account # \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 4,235.00

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33408

ABA #: 067014987

Further credit to Intermediary Financial Institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: W. Chester Brower, Jr., P.A.

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings

Qty/Symbol/Security: \_\_\_\_\_

Qty/Symbol/Security: \_\_\_\_\_

Journal A/I Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Deliveries**

Please deliver the securities indicated below to:

DTC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

The undersigned hereby requests that the authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.

The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned, and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands and agrees that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization without written instructions bearing original signature(s) of the undersigned.

Signature \_\_\_\_\_ Date 2-6-2015

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_, to follow the below asset movement instructions.  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jeffrey E Epstein

Account #: \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 5,980.24

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33408

ABA #: 067014987

Further credit to intermediary financial institution (Optional): \_\_\_\_\_

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: W. Chester Brewer, Jr., P.A.

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

Qty/Symbol/Security: \_\_\_\_\_

Qty/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Deliveries**

Please deliver the securities indicated below to:

DTCC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

Qty/Symbol/Security: \_\_\_\_\_

Qty/Symbol/Security: \_\_\_\_\_

### Standing Authorization

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization without written instructions bearing original signature(s) of the undersigned.

Signature \_\_\_\_\_

Name \_\_\_\_\_

1-12-2015

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



10 PWM-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions.  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jeffrey E. Epstein

Account #: \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 2,435.30

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33408

ABA #: 067014987

Further credit to Intermediary Financial Institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: W. Chester Brewer, Jr., P.A.

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

Qty/Symbol/Security: \_\_\_\_\_

Qty/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Deliveries**

Please deliver the securities indicated below to:

DTC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

Qty/Symbol/Security: \_\_\_\_\_

Qty/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization, and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by cell back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization without written instructions bearing original signature(s) of the undersigned.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

12-3-2014  
Date

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date



10-PWM-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions.  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jeffrey E Epstein

Account # \_\_\_\_\_

**Wire**

Wire Federal funds in the amount of \$ 2,445.44

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33409

ABA #: 987014887

Further credit to Intermediary Financial Institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information

Beneficiary Name: W. Chester Brewer, Jr., P.A.

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

DRUG: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds (from the above listed accounts). The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal if the undersigned decides to vary either the date or the amount of the wire, check or journal. The undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands that \_\_\_\_\_ will verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, imperfections, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_'s receipt of authorization. \_\_\_\_\_ is not liable for any loss or damage to the account or securities in the event of a breach pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability. \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any accounts pursuant to this authorization without the original signature(s) of the undersigned.

Signature: \_\_\_\_\_ Date: 11-4-2014

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs U.S. Bank to follow the below asset movement instructions. If you wish to request multiple wires, checks, journals or free deliveries, please use the back of this form.

DBAB Account Name: Jeffrey E Epstein  
Account #: \_\_\_\_\_

**Wire**  
 Wire federal funds in the amount of \$ 6,251.81  
 To Bank Name: 1st United Bank  
 City / State: North Palm Beach, FL 33408  
 ABA #: 067014987  
 Further credit to Intermediary Financial Institution (Optional)  
 Account #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Ultimate Beneficiary Information:  
 Beneficiary Name: W. Chester Brewer, Jr., P.A.  
 Account #: \_\_\_\_\_  
 Additional Instructions: \_\_\_\_\_

**Journal**  
 Journal Funds in the amount of \$ \_\_\_\_\_  
 Journal Holdings:  
 Qty/Symbol/Security: \_\_\_\_\_  
 Qty/Symbol/Security: \_\_\_\_\_  
 Journal All Holdings  
 To DBAB Account #: \_\_\_\_\_  
 Account Name: \_\_\_\_\_

**Check**  
 Issue a check in the amount of \$ \_\_\_\_\_ payable to:  
 Recipient's Name: \_\_\_\_\_  
 Recipient's Mailing Address: \_\_\_\_\_

**Free Deliveries**  
 Please deliver the securities indicated below to:  
 DTCC#: \_\_\_\_\_  
 Name of Receiving Firm: \_\_\_\_\_  
 Account Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ at Receiving Firm  
 Qty/Symbol/Security: \_\_\_\_\_  
 Qty/Symbol/Security: \_\_\_\_\_

**Standing Authorization**  
 The undersigned hereby requests that the authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until I request a new authorization. The undersigned authorizes U.S. Bank to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.  
 The undersigned further authorizes U.S. Bank to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes U.S. Bank to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of U.S. Bank to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instruction), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless U.S. Bank from and against loss from any action, claim or demand of any person as a result of U.S. Bank's receipt of or compliance with this authorization and/or any instructions that may be given to U.S. Bank pursuant to this authorization (including any standing authorization).

The undersigned understands that U.S. Bank may, but is not required to, seek verification of the undersigned's instructions by call back and that U.S. Bank may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if U.S. Bank has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that U.S. Bank retains the right to refuse to execute any instructions to transfer funds or securities to any accounts) pursuant to this authorization without written instructions from the undersigned, including original signature(s) of the undersigned.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date 10-8-2014  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions. If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jeffrey E Epstein

Account #:

**Wire**

Wire federal funds in the amount of \$ 499.00

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33408

ABA #: 067014987

Further credit to (intermediary financial institution) (Optional)

Account #:

Name:

Ultimate Beneficiary Information

Beneficiary Name: W. Chester Brewer, Jr., P.A.

Account #:

Additional Instructions:

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/State/Security: \_\_\_\_\_

City/State/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #:

Account Name:

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

OTC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/State/Security: \_\_\_\_\_

City/State/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization not be a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ in a sum of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including diskette fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For wires or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_'s receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in his sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account not pursuant to this authorization without written instructions bearing original signatures of the undersigned.

\_\_\_\_\_  
 Signature Printed Name Date

9-3-2014

\_\_\_\_\_  
 Date



# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions. If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name Jeffrey E Epstein

Account #:

**Wire**

Wire federal funds in the amount of \$ 1,086.82

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33408

ABA #: 067014987

Further credit to Intermediary Financial Institution (Optional)

Account # \_\_\_\_\_

Name \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name W. Chester Brewer, Jr., P.A.

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

ACCOUNT Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Deliveries**

Please deliver the securities indicated below to:

DTCID: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with the authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization without obtaining original signature of the undersigned.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

8-6-2014  
Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_



10-PWR-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions. If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jaffray E Epstein

Account #:

**Wire**

Wire federal funds in the amount of \$ 4,178.04

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33408

ABA #: 087014987

Further credit to intermediary financial institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: W. Chester Brewer, Jr., P.A.

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

DTC# \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedure of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For funds or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ of \_\_\_\_\_ or compliance with the authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without showing any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) purporting to be authorized by the undersigned unless accompanied by the original signature(s) of the undersigned.

By \_\_\_\_\_  
Signature \_\_\_\_\_

Print Name \_\_\_\_\_  
Date \_\_\_\_\_

7-2-2014  
Date



10-PWM-01775 (12/10)

## Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions.  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

CBAS Account Name: Jeffrey E Epstein

Account # \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 1,753.36

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33408

ABA #: 097014987

Further credit to intermediary financial institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: W. Chester Brewer, Jr., P.A.

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal AD Holdings

To CBAS Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

OTCC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that the authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For telex or other cables, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any accounts) pursuant to this authorization without written instructions bearing original signature(s) of the undersigned.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

6-4-2014

Date



10-PWM-01775 (12/13)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

to follow the below asset movement instructions

DBAB Account Name: Jeffrey E. Epstein

Account # \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 1,823.00

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33408

ABA #: 087014987

Further credit to intermediary financial institution (Optional) \_\_\_\_\_

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: W. Chester Brewer, Jr., P.A.

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below as:

OTCC's: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ At Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

### Standing Authorization

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ in requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedure of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (a) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (b) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission error, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may but is not required to seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization without written instruction bearing original signature(s) of the undersigned.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

5-2-2014

Date

Date



10-PV64-01775 (12/13)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions. If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DIBAB Account Name: Jeffrey E Epstein

Account #: \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 7,321.91

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33408

ABA #: 067014987

Further credit to Intermediary Financial Institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Ultimate Beneficiary Information:

Beneficiary Name: W. Chester Brewer, Jr., P.A.

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DIBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Deliveries**

Please deliver the securities indicated below to:

DTCC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ is not required to seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may, at its sole discretion, refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability. If \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned, the undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization. If written instructions bearing original signature(s) of the undersigned.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

3-4-2014

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



10-PWM-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions.  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jeffrey E. Epstein

Account #:

**Wire**  
 Wire federal funds in the amount of \$ 9,400.43  
 To Bank Name: 1st United Bank  
 City / State: North Palm Beach, FL 33408  
 ABA #: 087014887  
 Further credit to Intermediary Financial Institution (Optional)  
 Account #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Ultimate Beneficiary Information:  
 Beneficiary Name: W. Chester Brower, Jr., P.A.  
 Account #: \_\_\_\_\_  
 Additional Instructions: \_\_\_\_\_

**Journal**  
 Journal Funds in the amount of \$ \_\_\_\_\_  
 Journal Holdings:  
 City/Symbol/Security: \_\_\_\_\_  
 City/Symbol/Security: \_\_\_\_\_  
 Journal All Holdings  
 To DBAB Account #: \_\_\_\_\_  
 Account Name: \_\_\_\_\_

**Check**  
 Issue a check in the amount of \$ \_\_\_\_\_ payable to:  
 Recipient's Name: \_\_\_\_\_  
 Recipient's Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Free Delivery**  
 Please deliver the securities indicated below to:  
 DTCC#: \_\_\_\_\_  
 Name of Receiving Firm: \_\_\_\_\_  
 Account Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ at Receiving Firm  
 City/Symbol/Security: \_\_\_\_\_  
 City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**  
 The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_  
 The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds to/from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For insta or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability. \_\_\_\_\_ will reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization if the instructions bearing original signature(s) of the undersigned.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

3-4-2014  
Date



10-PWM-01775 (12/10)

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs Deutsche Bank Alex. Brown ("Deutsche Bank Alex. Brown" or "DBAB") to follow the below asset movement instructions. If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAB Account Name: Jeffrey E Epstein

Account #:

**Wire**

Wire federal funds in the amount of \$ 845.00

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33408

ABA #: 067814897

Further credit to intermediary financial institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

**Ultimate Beneficiary Information**

Beneficiary Name: W. Chester Brewer, Jr., P.A.

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To DBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to \_\_\_\_\_

Recipient Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

DTCOI: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ . A request for a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_ .
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds within the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that: (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions based pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, imperfections, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any nature as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without recourse to the undersigned. The undersigned further understands that \_\_\_\_\_ reserves the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to the instructions and/or written instructions bearing original signature(s) of the undersigned.

Signature \_\_\_\_\_ Date 1-6-2014

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



10-PWA-01775 (12/10)

Private Wealth Management

# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions. If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

OBAB Account Name: Jeffrey E Epstein

Account #: \_\_\_\_\_

**Wire**

Wire federal funds in the amount of \$ 1,825.00

To Bank Name: 1st United Bank

City / State: North Palm Beach, FL 33408

ABA #: 097014887

Further credit to Intermediary Financial Institution (Optional)

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

**Ultimate Beneficiary Information**

Beneficiary Name: W. Chester Brewer, Jr., P.A.

Account #: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**Journal**

Journal Funds in the amount of \$ \_\_\_\_\_

Journal Holdings:

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

Journal All Holdings

To OBAB Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

**Check**

Issue a check in the amount of \$ \_\_\_\_\_ payable to:

Recipient's Name: \_\_\_\_\_

Recipient's Mailing Address: \_\_\_\_\_

**Free Delivery**

Please deliver the securities indicated below to:

DTCC#: \_\_\_\_\_

Name of Receiving Firm: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ at Receiving Firm

City/Symbol/Security: \_\_\_\_\_

City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedure of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization (including any standing authorization).

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retain the right to refuse to execute any instructions to transfer funds or securities to any accounts pursuant to this authorization without written instructions bearing original signature(s) of the undersigned.

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_

12-3-2013  
 Date

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

Date



# Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs \_\_\_\_\_ to follow the below asset movement instructions.  
If you wish to request multiple wires, checks, journals or free deliveries, please use the long form.

DBAR Account Name: Jeffrey E. Epstein

Account #:

**Wire**  
 Wire federal funds in the amount of \$ 7,678.22  
 To Bank Name: 1st United Bank  
 City / State: North Palm Beach, FL 33408  
 ABA #: 087914987  
 Further credit to intermediary financial institution (Optional)  
 Account #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Ultimate Beneficiary Information:  
 Beneficiary Name: W. Chester Brewer, Jr., P.A.  
 Account #: \_\_\_\_\_  
 Additional Instructions: \_\_\_\_\_

**Journal**  
 Journal Funds in the amount of \$ \_\_\_\_\_  
 Journal Holdings:  
 City/Symbol/Security: \_\_\_\_\_  
 City/Symbol/Security: \_\_\_\_\_  
 Journal All Holdings  
 To DBAR Account #: \_\_\_\_\_  
 Account Name: \_\_\_\_\_

**Check**  
 Issue a check in the amount of \$ \_\_\_\_\_ payable to:  
 Recipient's Name: \_\_\_\_\_  
 Recipient's Mailing Address: \_\_\_\_\_

**Free Deliveries**  
 Please deliver the securities indicated below to:  
 DTCC#: \_\_\_\_\_  
 Name of Receiving Firm: \_\_\_\_\_  
 Account Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ at Receiving Firm  
 City/Symbol/Security: \_\_\_\_\_  
 City/Symbol/Security: \_\_\_\_\_

**Standing Authorization**

- The undersigned hereby requests that this authorization act as a standing authorization. The undersigned understands and agrees that this authorization will remain in effect until \_\_\_\_\_ requests a new authorization. The undersigned authorizes \_\_\_\_\_ to issue the wire, check or journal on the \_\_\_\_\_ day of \_\_\_\_\_ for a term of \_\_\_\_\_.
- The undersigned further authorizes \_\_\_\_\_ to accept verbal instructions from the undersigned to wire funds, issue checks or journal funds from the above listed accounts. The undersigned will provide verbal instructions as to the date and the amount of the wire, check or journal. If the undersigned decides to vary either the date or the amount of the wire, check or journal, the undersigned hereby authorizes \_\_\_\_\_ to accept the verbal instructions from the undersigned regarding the change or changes. The undersigned further understands and agrees to comply with the procedures of \_\_\_\_\_ to verify the authorization and accuracy of verbal instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the undersigned elects to transmit any such instructions via fax (including desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. For trusts or other entities, the undersigned further acknowledges that the undersigned is authorized to issue the above asset movement instructions under the terms of the governing documents and any applicable laws. The undersigned hereby releases and holds harmless \_\_\_\_\_ from and against loss from any action, claim or demand of any person as a result of \_\_\_\_\_ receipt of or compliance with this authorization and/or any instructions that may be given to \_\_\_\_\_ pursuant to this authorization, including any standing authorization.

The undersigned understands that \_\_\_\_\_ may, but is not required to, seek verification of the undersigned's instructions by call back and that \_\_\_\_\_ may in its sole discretion refuse to execute such instructions (including standing instructions given pursuant to this authorization, without incurring any liability, if \_\_\_\_\_ has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned further understands that \_\_\_\_\_ retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to \_\_\_\_\_ authorization without instructions bearing original signature(s) of the undersigned.

Signature: \_\_\_\_\_

11-6-2013

Date

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date



10-PWM-01775 (12/08)

Jeffrey E. Epstein  
8100 Red Hook Quarters  
Suite B-3  
St. Thomas USVI 00802

10/25/2013

PAY TO THE ORDER OF W. Chester Brewer, Jr., P.A.

\$ 4,785.00

Four Thousand Seven Hundred Ninety-Five and 00/100 \*\*\*\*\* DOLLARS

W. Chester Brewer, Jr., P.A.  
250 Australian Avenue South  
Suite 1400  
West Palm Beach, FL 33401

MEMO

FOO 1 28 21

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JEFFREY E. EPSTEIN		10/25/2013	1282
W. Chester Brewer, Jr., P.A.			4,785.00

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