

Private Wealth Management

Deutsche Bank

Durable General Power of Attorney
New York Statutory Short Form

The powers you grant below continue to be effective should you become disabled or incompetent:

CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As the "principal," you give the person who you choose (your "agent") authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. "IMPORTANT INFORMATION FOR THE AGENT" at the end of this document describes your agent's responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney by executing this Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to the financial institution where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a "Health Care Proxy" to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.senate.state.ny.us or www.assembly.state.ny.us.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

DESIGNATION OF AGENT(S):

I, Jeffrey Epstein, 6100 Red Hook Quarter B3, St. Thomas, USVI 00802, hereby appoint:
(insert your name and address)

Darren Indyke, as my agent(s)
(insert name(s) and address(es) of agent(s))

If you designate more than one agent above, they must act TOGETHER unless you INITIAL the statement below.

My agents may act SEPARATELY.

DESIGNATION OF SUCCESSOR AGENT(S): (OPTIONAL)

If every agent designated above is unable or unwilling to serve, I appoint as my successor agent(s):

(insert name(s) and address(es) of successor agent(s))

Successor agents designated above must act TOGETHER unless you INITIAL the statement below.

My successor agents may act SEPARATELY.



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