

FOR INTERNAL OFFICE USE ONLY

Applicable Account No(s) 440-81 , Y^-do^0l^ r N^6>g».V0<^, (^%D\.S m ^
AUTHORIZATION

OF POWER OF ATTORNEY

U n

i/(lCd>

For Natural/Individual Persons For Brokerage Accounts and/or retirement
accounts with DBSI

This Authorization/Power

of Attorney constitutes a non-durable limited power of attorney, designed to
give a person or persons designated by you either f1) limited authority
over your Account(s) or f2) full
authority over your Account(s) as set forth below.

NOTE: UNDER NEW YORK LAW, THE FOLLOWING DISCLOSURE IS REQUIRED TO BE
INCLUDED,

VERBATIM, IN EVERY POWER OF ATTORNEY.

CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As
the "Principal," you

give the person whom 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, when 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 institutions 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 in this document that you do not understand, you should
consult with your lawyer

AUTHORITY

The undersigned Principal (the "Undersigned" or "Principal") hereby appoints:
K/i-i\ l f^henrjty

gg ^j^g Undersigned's agent(s) and attorney(s)
in-fact ("Agent(s)") to act INDIVIDUALLY with respect to any and all
accxiunts, if applicable (see below) in the
Undersigned's name ("Account(s)"), held individually or jointly (provided
that all joint account holders have
executed this form) with DBSI, as well as individual retirement accounts
held for the benefit of the Undersigned
("IRAs"), with the authority to direct DBSI to buy, sell (including short
sales) and otherwise transact in any
security, including but not limited to stocks, bonds, mutual fund shares,
limited partnership interests, call and put
options (covered and uncovered), on margin or otherwise, and any instrument,
agreement or contract relating
to same, on margin or otherwise, or enter into futures, options on futures
and forward contracts, interest rate,
currency, equity or commodity swap transactions, deposit accounts at
financial institutions and direct or indirect
interests in securities, deposit instruments or contracts where all or part
of the return is calculated by reference
to changes in, among otherthings, the value of securities, commodities,
currencies, interest rates, property of
any description or indices, in each case in accordance with DBSI's terms and
conditions forthe Undersigned's
account, account type, and risk and in the Undersigned's names, or numbers)
on DBSI's books. Agent(s) must
exercise the authority granted herein pursuant to the Undersigned's
instructions, or otherwise for purposes
which the Agent(s) reasonably deems to be in the Undersigned's best
interest. By giving this authority, the
Undersigned authorizes Agent(s) to make inquiries on the Account(s),
including requesting information about
account transactions, balances and holdings.

llll|j|IIIIW

: {

ll-PWM-0985 (01/12)

2cj)o<f

Principal agrees that DBSI shall not be obligated to proceed with instructions that are inconsistent with the terms of any agreements governing the Account(s), or that would violate any applicable laws, rules or regulations, or that would be otherwise limited by the account type or documentation on file.

THE UNDERSIGNED AUTHORIZES THE AGENT(S) TO RECEIVE COPIES QF ACCOUNT STATEMENTS

AND TRANSACTION CONFIRMATIONS UPON THE AGENT(S)'S REQUEST DBSI RETAINS THE RIGHT

IN ITS SOLE DISCRETION TO REFUSE TQ ACCEPT INSTRUCTIONS BY THE AGENT(S) TQ CHANGE

THE MAILING ADDRESS ASSIGNED TQ THE UNDERSIGNED'S ACCQUNT(S) QR ANY BENEFICIARY DESIGNATIONS.

NOTE: If you want to authorize your Agent(s) to make gifts of your money or assets or other property held in the Account(s) during your lifetime, without restriction, to any one or more persons, including the Agent(s)

himself, herself or themselves, you will need to execute a Statutory Major Gifts Rider. Giving such a power to

your Agent(s) grants your Agent(s) authority to take actions which could significantly reduce your property

or change how your property is distributed at death. DBSI shall not be responsible to monitor whether any

payments or transfers are gifts and/or require the execution of a Statutory Major Gifts Rider.

SELECT AND INITIAL THE APPLICABLE BQX FQR LIMITED QR FULL TRADING AUTHORIZATION

• LIMITED TRADING AUTHORIZATION. In all such purchases, sales or trades, DBSI is

authorized to follow the instructions of Agent(s) in every respect concerning the Account(s), and Agent(s)

is/are authorized to act for the Undersigned and on the Undersigned's behalf in the same manner and

with the same force and effect as the Undersigned might or could do with respect to such purchases,

sales or trades as well as with respect to all other things necessary or incidental to the furtherance or

conduct of such purchases, sales or trades.

Note: This Limited Authorization does not permit Agent(s) to withdraw or transfer assets from the

Account(s).

- QR -

•4 FULL AUTHORIZATION TQ TRADE AND MOVE ASSETS. DBSI is authorized to follow the

71=

instructions of Agent(s) in every respect concerning the Account(s), and to make deliveries or transfers

of assets (including cash), from the Account(s) and payment of moneys as directed by Agent(s), without

restriction ^i^teglwpfe5°ai&?tBson(a), himself, herself or themselves except in connection with IRAs) in accordance with DBSI's terms and conditions and account type. In all matters and things aforementioned, as well as in all other things necessary or incidental to the furtherance or conduct of the Account(s), Agent(s) may act in the same manner and with the same force and effect as the Undersigned might or could do.

Note: This Full Authorization grants Agent(s) unrestricted authority to trade in the Account(s) and to withdraw or transfer assets from the Account(s).

For IRAs, Agent is authorized to elect whether to make tax withholding elections in connection with distributions.

This Authorization/Power of Attorney shall remain in full force and effect until DBSI receives actual written notice signed by the Undersigned of its revocation to be delivered to the Undersigned's DBSI Client Advisor or his or her branch manager. However, the limited power of attorney granted hereunder is not a durable power of attorney and will cease to be effective upon actual receipt by DBSI of written notice of the occurrence of either of the following events: (i) the Undersigned is judicially declared to be incompetent, or (ii) the death of the Undersigned. Notwithstanding the foregoing, the Undersigned acknowledges that DBSI shall be entitled to continue to rely upon this Authorization/Power of Attorney until such time as DBSI receives such actual written notice.

ll-PWM-0985 (01/12)
009611-010512

The Undersigned understands and agrees that DBSI has the right to require additional verification and documentation from the Undersigned or the Undersigned's Agent(s) in certain transactions that DBSI, in its sole discretion, deems necessary. In addition, DBSI has the right to request that either a new Authorization/Power of Attorney be executed or that the Agent(s) verify in writing the validity of the current Authorization/Power of Attorney.

Agent Name:

Address:

^'=^hi^

Agent Name:

Address:

TIN of Agent:

Relationship

to Principal:

/C-^V/ - ^7/ ^

TiN of Agent:

Relationship

to Principal:

THIS DOCUMENT DOES NOT REVOKE ANY OTHER POWERS OF ATTORNEY THAT THE UNDERSIGNED

HAS PREVIOUSLY EXECUTED, UNLESS THE UNDERSIGNED HAS SPECIFIED OTHERWISE ON THE

LINES BELOW.

INDEMNIFICATION

The Undersigned acknowledges and agrees that the Undersigned is responsible for all acts of the Agent(s). The

Undersigned hereby agrees, individually and on behalf of his/her heirs, executors, legal representatives, and

assigns to indemnify and hold harmless DBSI and its parents, affiliates, subsidiaries, officers, employees, and

agents (collectively, "DB") from all claims that may arise in connection herewith, and to pay DB promptly, on

demand, any and all losses and liabilities arising therefrom or from any action taken or not taken by DB in reliance

hereon, including without limitation, any debit balance due with respect to the Account(s). The Undersigned

further hereby ratifies and confirms any and all transactions (including any payments or transfers) made by the

Undersigned's Agent(s) in connection with the Account(s) prior or subsequent to the execution of this document

and holds harmless DB regarding same.

This Authorization/Power of Attorney shall inure to the benefit of DB and its successors and assigns irrespective

of any change or changes at any time in the personnel thereof for any cause whatsoever.

The Undersigned understands and agrees that the DBSI may require joint account holder(s) to sign all requests

for withdrawals from an account jointly with the Agent(s).

11-PWM-0985 (01/12)



The Undersigned by signing below confirms that he/she has read the contents of this Power of Attorney and understands same, and has executed this Power of Attorney of his/her own free will and has received advice about the effect of this Power of Attorney from his/her advisers as he/she has deemed necessary or advisable.

In witness whereof, the Undersigned has executed this Authorizat-fon/- Poyyer'ofAttorney.

Date:

Signature:.

L

Print Name:

(the "Undersigned")

TO BE EFFECTIVE FOR JOINT ACCOUNT(S), ALL ACCOUNT HOLDERS MUST SIGN:

In witness whereof, the Undersigned has executed this Authorization/Power of Attorney.

Date:

Signature:

Print Name:

(the "Undersigned")

This section intentionally left blank.

11-PWM-0986 (01/12)



ACKNOWLEDGEMENT QF PRINCIPAL'S SIGNATURE IN NEW YORK STATE

/s}i2'^ y^)-L/g

STATE OF NEW YORK, COUNTY OF

•U-i^

On

appeared.

before me.

ss.:

personally

personally known to me or proved to me on the basis of satisfactory evidence to be the individu'al(s) whose name(s) is (are) subscribed to within the instrument and acknowledged

to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s)

on the instrument, the individual(s), or the person upon behalf of whom the;^dividual(s) acted, executed

the instrument.

JuA^-^.-j

^

Notary Public

ACKNOWLEDGEMENT QF PRINCIPAL'S SIGNATURE OUTSIDE NEW YORK S

STATE OF.

On

COUNTY OF

appeared

satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to within the instrument and

acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/

their signature(s) on the instrument, the individual(s), or the person upon behalf of whom the individual(s)

acted, executed the instrument, and that such individual(s) made such appearance before the Undersigned

in

before me.

personally known to me or proved to me

.

(state/country).

(signature and office ofthe individual taking acknowledgement)

ACKNOWLEDGEMENT OF PRINCIPAL'S SIGNATURE IN NEWYORK STATE (for joint accounts)

STATE OF NEWYORK, COUNTY OF

ss.:

On

appeared.

before me.

personally

, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to within the instrument and acknowledged

to me that he/she/they executed the same in his/her/their capacity(ies), and

that by his/her/their signature(s)
on the instrument, the individual(s), or the person upon behalf of whom the
individual(s) acted, executed
the instrument.

Notary Public

ACKNOWLEDGEMENT OF PRINCIPAL'S SIGNATURE OUTSIDE NEWYORK STATE (for joint
accounts)

STATE OF
COUNTY OF

On

appeared

satisfactory evidence to be the individual(s) whose name(s) is (are)
subscribed to within the instrument and
acknowledged to me that he/she/they executed the same in his/her/their
capacity(ies), and that by his/her/
their signature(s) on the instrument, the individual(s), or the person upon
behalf of whom the individual(s)
acted, executed the instrument, and that such individual(s) made such
appearance before the Undersigned

in

before me,

, personally known to me or proved to me on
the basis of

(state/country).

(signature and office of the individual taking acknowledgement)

11-PWM-0985 (01/12)

009611-010512

^jZ^^

HARRY 1. BELLER

Notary Public, State of NewYork

No. 01BE4853924

Commission Expires Feb. 17, 2017

ss.:

ss.:

, personally
on the basis of

ss.:

personally

IMPORTANT INFORMATION FOR THEAGENT(S):

When you accept the authority granted under this Authorization/Power of Attorney, a special legal relationship is created between you and the Principal. This relationship imposes on you legal responsibilities that continue until you resign or the Authorization/Power of Attorney is terminated or revoked. You must:

1. act according to any instructions from the Principal, or, where there are no instructions, in the Principal's best interest;
2. avoid conflicts that would impair your ability to act in the Principal's best interest;
3. keep the Principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
4. keep a record of all receipts, payments, and transactions conducted for the Principal;
5. disclose your identity as an Agent whenever you act for the Principal by writing or printing the Principal's name and signing your own name as "Agent" in either of the following manner: (Principal's Name) by (Your Signature) as Agent, or (Your Signature) as Agent for (Principal's Name); and
6. agree that DBSI shall not be obligated to proceed with instructions that are inconsistent with the terms of any agreements governing the Account(s) or that would violate any applicable laws, rules or regulations.

You may not use the Principal's assets to benefit yourself or give major gifts to yourself or anyone else unless the Principal has specifically granted you that authority in this Authorization/Power of Attorney and in a Statutory Major Gifts Rider which the Principal may attach to this Authorization/Power of Attorney. If you have that authority, you must act according to any instructions of the Principal or, where there are no such instructions, in the Principal's best interest. You may resign by giving written notice to the Principal and to any co-agent, successor agent, or the Principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of Agent: The meaning of authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Authorization/Power of Attorney, you may be liable under the law for your violation.

AGENT(S)' SIGNATURE AND ACKNOWLEDGEMENT OF APPOINTMENT:

It is not required that the Principal and the Agent(s) sign at the same time, nor that multiple Agents sign at the same time.

I/we,

., have read the foregoing

(insert name(s) of Agent(s))

Authorization/Power of Attorney.

I am/we^af^ the person(s) identified therein as Agent(s) for the Principal named therein.

Agent's signature

Dated:

fQ / q h S

Agent's signature

Dated:

11-PWM-0985 (01/12)

ACKNOWLEDGEMENT OF AGENT(S)' SIGNATURE IN NEW YORK STATE

STATE OF NEW YORK, COUNTY OF

On
before me.

appeared 'J^^^ ' ^^

ss.

personally

personally known to me or proved to me on the basis of satisfactory
evidence to be the individual(s) whose name(s) is (are) subscribed to within
the instrument and acknowledged

to me that he/she/they executed the same in his/her/their capacity(ies), and
that by his/her/their signature(s)

on the instrument, the individual(s), or the person upon behalf of

wfbom^tfie individual(s) acted, executed

the instrument.

/v/^-w^-y

I ^

I

/^^^l^^

/ .J^ f

7

^

Notary Public

ACKNOWLEDGEMENT OF AGENT(S)' SIGNATURE OUTSIDE NEWYORK STATE

COUNTY OF

STATE OF

On

before me,

ZU L

HARRY L. BELLER

Notary Public, State of New York

No. 018e4853924

Qualified in Rockland County //V'

Commission Expires Feb. 17, 20L_L

ss.:

personally

personally known to me or proved to me on the basis of

appeared

satisfactory evidence to be the individual(s) whose name(s) is (are)
subscribed to within the instrument and

acknowledged to me that he/she/they executed the same in his/her/their
capacity(ies), and that by his/her/

their signature(s) on the instrument, the individual(s), or the person upon
behalf of whom the individual(s)

acted, executed the instrument, and that such individual(s) made such
appearance before the Undersigned

in

(state/country).

(signature and office of the individual taking acknowledgement)

ACKNOWLEDGEMENT OF AGENT(S)' SIGNATURE IN NEW YORK STATE (for joint accounts)

STATE OF NEWYORK, COUNTY OF

ss.
On
before me,
personally
personally known to me or proved to me on the basis of satisfactory
appeared
evidence to be the individual(s) whose name(s) is (are) subscribed to within
the instrument and acknowledged
to me that he/she/they executed the same in his/her/their capacity(ies), and
that by his/her/their signature(s)
on the instrument, the individual(s), or the person upon behalf of whom the
individual(s) acted, executed
the instrument.

Notary Public

ACKNOWLEDGEMENT OF AGENT(S)' SIGNATURE OUTSIDE NEW YORK STATE (for joint
accounts)

STATE OF
COUNTY OF

On
before me.

ss.:
personally
personally known to me or proved to me on the basis of
appeared
satisfactory evidence to be the individual(s) whose name(s) is (are)
subscribed to within the instrument and
acknowledged to me that he/she/they executed the same in his/her/their
capacity(ies), and that by his/her/
their signature(s) on the instrument, the individual(s), or the person upon
behalf of whom the individual(s)
acted, executed the instrument, and that such individual(s) made such
appearance before the Undersigned
in
(state/country).

(signature and office of the individual taking acknowledgement)

11-PWM-0985 (01/12)

^^''<-Mm''W
ii','//rs%;'/ - •• '
BRffinAN-'iWEBRACHT, 3£AN ANNE
#6*L10 EST. NAZAPETH
ST."fk»«S, VI00802
-es 9/2/2017
gl
'-^ Hair l^©

Current Classification: (click here for help) Internal
Re: BSO Exception Request - DB POA Form [I] B
Zia Memon to: Zbynek Kozelsky, Vahe Stepanian
Cc: Jay Lipman, Tazia Smith, Fran M Wickman, Amanda Kirby
Sender
^

Vahe Stepanian
Zbynek Kozelsky

fj
Zia Memon

Date

10/21/2013 08:47 AM

10/22/2013 07:49 AM

10/22/2013 07:54 AM

10/22/2013 07:54 AM

Subject

BSO Exception Request -

Re: BSO Exceptioi

Re: BSO E:

Classification: For internal use only

BSO approved

Zbynek Kozelsky

– Original Message –

From: Zbynek Kozelsky

Sent : 10/22/2013 07:49 AM EDT

To: Vahe St:epanian/db/dbcom@DBAmericas@DBAMERICAS@DBC0EX; Zi a Memon

Cc: Jay Lipman; Tazia Smith ; Fran Wickman; Amanda Kirb y

Stibject : Re: BSO Exception Request - DB iPOA Form [I]

Classification: For internal use only

Good morning Zia,

Please see below.

Ziggy Kozelsky

Markets Coverage Group

Deutsche Bank Securities Inc.

Private Wealth Management

345 Park Avenue

NewYork, NY 10154

212-454-2887

Sent From Blackberry

Vahe Stepanian

Original Message

From: Vahe Stepanian

Sent: 10/21/2013 08:47 AM EDT

To: Zia Memon

Cc: Zbynek Kozelsky ; Jay Lipman; Tazia Smith ;

Siibject : BSO Exception Request - DB POA Form

Classification: For internal use only

Good Morning Zia,

Hope you had a great weekend.

Fran wickman; Amanda Kirb y

[I]

Just wanted to follow up on an email that was sent over by Fran Wickman (pis. see below).

As you may know, we are in the process of onboarding a new client, Jeffrey-Epstein, who has already transferred in \$120mm-i- liquid across his accounts.

A few items that we're requesting exceptions for:

1) Using DB POA for entity accounts (per Fran, POA is meant for natural persons accts.) - Client would like his assistants to have FULL POA over accts. Cannot use LTA in this situation.

2) Approval of Full POA for professional relationship (to agent) - requires BSO Approval

3) The signatures were notarized by one the Agents being appointed power of attorney - Clients assistant is notary. Assistant is NOT notarizing his own signature, just Jeanne's (other assistant).

I've CC'ed Fran here who can correct if I've misstated or left anything off. Please let me know if you have any questions.

We're meeting with the client tomorrow morning, so we would appreciate if you could please review at some point today.

Thanks in advance for your help.

Vahe

- Forwarded by Vahe Stepanian/db/dbcom on 10/21/2013 08:35 AM -

From:

Fran M Wickman/db/dbcom

To:

Cc:

Date:

Subject:

Vahe Stepanian/db/dbcom@DBAmericas, Jay Lipman/db/dbcom(a)DBAMERICAS, Zbynek Kozelsky/db/dbcom(a)DBAmericas, MO CIP

10/18/2013 02:52 PM

POA Issues [I]

Classification: For internal use only

N4G-024943 & N4G-024935 - DB POA is for Natural Persons accounts only. DB Limited Trading

Authorization is to be completed for trusts & corporations.

N4G-024968 - Professional relationship to Agent requires BSO approval.

Jean Anne Brennan was appointed as agent. Her name on her ID is Jean Anne Brennan-Wiebracht.

N4G-023812, N4G-025098, N4G-025106, N4G-025114, N4G-023804, N4G-025080 - DB POA is for

Natural Persons accounts only. DB Limited Trading Authorization is to be completed for corporations & LLCs.

N4G-025072 is not a valid acct #.

Jean Anne Brennan was appointed as agent. Her name on her ID is Jean Anne Brennan-Wiebracht.

The signatures were notarized by one the Agents being given power of

attorney.
Kind regards,
Fran Wickman

' Fran Wickman
Deutsche Bank Securities Inc.
Private and Institutional Client Services (PICS)
1 South Street, 21202-3298 Baltimore, MD, USA

