

Limited Liability Company (LLC) Signature Page

Edgarley, LLC

Account Number and Description

Signature Requirement

██████████ BSA - Ltd Liability Company

Client Relationship Agreement

By signing below, I acknowledge that I understand and agree, on behalf of the limited liability company (LLC), with the terms and conditions of the UBS Client Relationship Agreement as well as the terms, conditions and disclosures in the Agreements and Disclosures booklet that is enclosed or that I previously received. As an authorized individual for this account, I have full power under to submit valid orders and other instructions on behalf of the LLC.

If the LLC is disregarded for income tax purposes, I have included the tax identification number of the beneficial owner and signed on the first line below.

Margin Agreement

I acknowledge that when I use margin privileges, UBS will hold the securities in my Account as collateral against the amounts I borrow. I agree to keep sufficient positions and margin in my Account to meet any margin calls UBS may be required to issue. By signing below, I agree that the Margin Agreement in my Client Relationship Agreement applies to all of my accounts, including any accounts that I may open in the future. *Note: UBS does not extend margin for certain types of accounts (e.g., IRA and ERISA Plan accounts, Coverdell Education Savings Accounts, 403(b)(7) Accounts, UGMA/UTMA, Estate or 529 Plan Accounts).*

Likewise, I acknowledge and agree that certain securities in my account, including any account I may open in the future, may be loaned to UBS or to other persons or entities as described in the Margin Agreement.

Electronic Delivery Consent

As requested, I received my Agreements and Disclosures booklet and other account-related documents electronically at gmax1@ellmax.com which is the e-mail address of record for all owners of this account. I understand that the information is also available at www.ubs.com/accountdisclosures or by request to my Financial Advisor at 1-212-821-7000.

The Client Relationship Agreement contains a pre-dispute arbitration clause located in the final section under the title "Arbitration."

Edgarley, LLC

For Business Services Account(s):

██████████

Ghislaine X

Ghislaine Maxwell

Date

SIGN AND DATE HERE

Address of Record

██████████
██████████
██████████

Email Address of Record

██████████

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Limited Liability Company (LLC) Certification

In consideration of UBS Financial Services Inc. ("UBS") carrying one or more accounts in the name of Edgarley, LLC a duly formed limited liability company ("LLC") of which each of the undersigned is a member or manager, the undersigned represent and warrant that the LLC is authorized to establish with UBS one or more accounts for the purchase and sale of securities, money, stocks, options, bonds, notes, futures contracts, commodities, commercial paper, certificates of deposit and other obligations, contracts, all other property usually and customarily dealt in by brokerage firms, the establishment of credit and/or the guarantee of another person's or entity's obligations (the "Account"); and is authorized to use the Account(s) and services offered by UBS to (a) sell short, (b) trade on margin, (c) borrow and/or obtain credit (including all manner of credits and/or letters of credit) from time to time from UBS and guarantee obligations of others to UBS in United States dollars or any foreign currency, (d) effect UBS Card transactions, (e) contract for any and all investment management and advisory services that UBS now or hereafter provides and delegate discretion to UBS or to a subadvisor in connection with such services, and (f) pledge, mortgage, assign or subject to a security interest or lien any property of any sort of the LLC as security for any liability of the LLC. The undersigned further certify to UBS that each of the following member(s)/managers (hereinafter "Authorized Person(s)"): shall have authority on behalf of the LLC to buy, sell and otherwise deal in, through UBS as broker, stocks, bonds, options (indices, interest rates, foreign currency), and other securities and commodities, on cash or margin (including short sales); to borrow and obtain credit (including all manner of credits and/or letters of credit) from time to time from UBS or, as applicable, its affiliates and guarantee obligations of others to UBS or, as applicable, its affiliates, in United States dollars or any foreign currency; to pledge, mortgage, assign or subject to a security interest or lien any property of any sort of the LLC as security for any liability of the LLC; to receive on behalf of the LLC account demands, notices, confirmations, reports, statements of account, and communications of every kind; to receive on behalf of the LLC account money, securities and property of every kind, and to dispose of same; to make distributions/transfers from the LLC account by check, automatic fund transfer, access cards (if used) or otherwise to any of the Authorized Persons (including, without limitation, transfers to an Authorized Person as directed by that same Authorized Person) and others; to contract for any and all investment management and advisory services that UBS now or hereafter provides and delegate discretion to UBS or to a subadvisor in connection with such services; to make on behalf of the LLC account agreements relating to any of the foregoing matters and to terminate or modify same or waive any of the provisions thereof; and that each of the said authorized individuals is authorized for the current taxable year and all future taxable years until this certification is revoked or modified to execute and deliver to UBS on behalf of the Organization any and all tax forms and other tax-related documents related to any account of this Organization (including without limitation U.S. Internal Revenue Service Forms W-8 and W-9, as applicable, and any documents relating thereto) and to make any certifications or representations under penalty of perjury on behalf of the Organization that are required by such forms or documents; and generally to deal with UBS or, as applicable, its affiliates on behalf of the LLC account as fully and completely as if he alone were interested in said account. If the Authorized Person(s) indicated below are not Members/Managers of the LLC, then the undersigned hereby warrant and represent that such person(s) have been vested such authority by the LLC.

The authority hereby conferred shall remain in force until written notice of its revocation is delivered to the branch office where the account is maintained and receipt is acknowledged by UBS.

The undersigned further authorize UBS, in the event of death or retirement of any of the members of said LLC or the termination of the LLC, to take such actions, require such papers, retain such portion of or restrict transactions in said account as UBS may deem advisable to protect UBS against any liability, penalty or loss under any present or future law or otherwise. It is further agreed that in the event of the death or retirement of any member of the said LLC the remaining members will immediately notify UBS of such fact. If UBS is uncertain as to the authority of an Authorized Person, UBS may refrain from taking any action with respect to the account until such time it is satisfied as to his or her authority. The undersigned hereby acknowledge that UBS will rely on the representations made herein. In consideration of UBS acting in reliance upon the foregoing certification, it shall be fully protected in so acting and the LLC agrees to indemnify and hold harmless UBS from and against any and all loss, damage, liability, claims and expenses arising by reason of its acting in reliance on this LLC Certification.

If the Authorized Person(s) listed below are not Members or Managers of the LLC, then the undersigned hereby warrant and represent that such person(s) have been vested authority by the Limited Liability Company and will deliver to UBS a Power of Attorney (POA) to effect and evidence such appointment

This certification shall enure to the benefit of any successor(s) of the assigns.

Edgarley, LLC is a limited liability company organized in the U.S. with only one shareholder/member that is a disregarded as an entity separate from its owner.

Authorized Persons

Ghislaine Maxwell

The undersigned hereby certify that the members and manager of said LLC are as follows:

Name: Ghislaine Maxwell Type of Member: Managing Member

Edgarley, LLC

For Business Services Account(s):

[Redacted]

Ghislaine X
Ghislaine Maxwell

Date

SIGN AND DATE HERE

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PRIVATE WEALTH MANAGEMENT

E-mail Communications Consent and Hold Harmless

Client Name(s):

Edgarley, LLC

Please initial here if you would like this Consent and Hold Harmless to apply to future accounts opened in the same name: X [Each signatory below must initial to be effective.]

In order to protect clients' personal and confidential information, UBS Financial Services Inc. and its affiliates, including but not limited to UBS Bank USA, (collectively "the Firm") do not generally permit the transmission of personal client information and other confidential information such as social security numbers, account numbers, or account information through e-mail communications ("ECs").

You are asking that we depart from that policy in our ECs with you. Before we accept that request, we want to ensure that you are aware of the risks that you are undertaking, and again encourage you to exercise caution with respect to the ECs that you send. These risks include, but may not be limited to the following:

- These ECs will not be sent in a secured or encrypted manner and therefore may be read by anyone with access to your ECs.
- ECs travel through an assortment of servers belonging to third parties. These ECs may be intercepted and viewed by unauthorized third parties before they reach their destination.
- ECs can be inadvertently misdirected or forwarded to unintended third parties, and all recipients of such a communication are not necessarily visible or discernible.
- ECs can be falsified, creating the impression that the communication is coming from someone other than the person sending it.

Please Note: An alternative to unsecured ECs is the Firm's Online Services Secured Mailbox. By signing this "Email Communications Consent and Hold Harmless" document, you are stating that you understand this secure alternative is available to you.

By signing below, you authorize and direct the Firm to send you ECs that may contain personal or confidential information. This personal or confidential information may be contained in the text of an EC or in an attachment, such as a PDF file. In consideration of the Firm's complying with your request, you agree to hold the Firm harmless from any loss or damages incurred as a result of ECs sent pursuant to this request, including, but not limited to, loss or damages arising from mistaken identity or unauthorized access and the use of such information (for any purpose) by others who may access the communications during and after transmission.

You may revoke this authorization at any time by providing written (not e-mail) notice to your Private Wealth Advisor. Termination will be effective within two business days of the date we receive your new instructions. Please note that the Firm has the right to refrain from the sending of ECs of this nature at any time.

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Please remember that signing this Consent and Hold Harmless form does not give the Firm the ability to accept or act upon trading instructions received via e-mail.

By signing below, I acknowledge my acceptance and understanding of the above terms and conditions and request that the Firm provide the additional EC services. If multiple clients are designated above, each client to the account (i.e. both parties on a joint account) is required to sign below.

Please be aware that due to State laws, this consent and hold harmless agreement is not valid in Massachusetts and Nevada and should not be entered into by any resident thereof.

AGREED AND ACCEPTED

Date

Ghislaine

If account is jointly held, all owners must sign. Authorized persons for all accounts listed must sign.

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Account Number Y10 / Y155
PWM Office Private Wealth Advisor

MZ

Power of Attorney (PWM) (Not for use when naming a professional Investment Advisor)

Account Name: Edgarley, LLC

Gristaine

I initial here to have this authorization apply to all accounts at UBS Financial Services Inc. in the same name, whether currently open or opened in the future

This will confirm the authority of _____ (Agent Name)

to perform each of the actions initialed below and to take any and all actions necessary for or incidental to carrying out such authorizations including the execution of documents or forms or other authorizations.

Note: When used in this document, the words "I", or "me" or "my" refer to each of the client(s)/principal(s), individual(s) or entit(ies), that executes this Power of Attorney.

Gristaine

Each client must initial in the box next to each agency granted. PLEASE SEE IMPORTANT DISCLOSURES REGARDING TRADING AUTHORIZATION FOR UBS PACE AND STRATEGIC ADVISOR ACCOUNTS ON PAGES 2 AND 3.

Trading Authorization

I initial here to authorize my Agent to enter orders with you to purchase and sell securities and similar property (including options transactions), in accordance with the qualifications, eligibility and general terms and conditions for my account(s), as brokers or dealers acting for my own account(s), or as brokers for some other person.

Managed Account Authorization

I initial here to authorize my Agent to enroll my account in any investment advisory program offered by UBS, to execute the Investment Advisory Relationship Agreement or applicable forms, and specifically to hire and terminate discretionary and non-discretionary investment managers. I understand that the Advisory Relationship Agreement, whether executed by me or my Agent, will apply to all UBS advisory program accounts that I may open in the future.

Disbursement Authorizations

I initial here to authorize my Agent to instruct UBS to transfer money or securities to accounts held in my name or for my benefit, and to make tax withholding elections on my behalf in connection with any transfer authorized under this Power of Attorney. Such transfers may be effected by methods which include but are not limited to journal entries, wire transfer, electronic funds transfer or checks.

Tax Documents Authorization

I initial here to authorize my Agent to make, execute and present tax forms, including without limitation all US Internal Revenue Service Forms W-8 and W-9, as applicable, and any related documents.

Duplicate Account Information Authorization

I initial here to authorize my Agent to receive a duplicate copy of all confirmations, statements and other communications.

Multiple Agents

If I have designated multiple agents to act on my account(s), I direct that each agent is authorized to act **independently** of any other agent. If UBS Financial Services Inc. determines, in its sole discretion, that it is receiving conflicting instructions from agents that I have designated, I authorize UBS Financial Services Inc., in its discretion to stop taking instructions from any of my agents until the conflict is resolved either at my direction or by my designated agents.

Sign this section if you intend that multiple agents must act **jointly**. Unless signed below, you authorize each agent to act **separately**.

If I have designated more than one agent for my accounts, I direct that UBS Financial Services Inc. act only upon the joint instructions of all designated agents.

Sign Here
Client First Name _____ Last Name _____ Signature _____ Date _____



Agreement

By signing below, I agree to indemnify and hold harmless UBS and its affiliates and all of their employees and agents from and against any and all claims that may arise by reason of UBS having relied on the provisions of this instrument. I acknowledge and agree that my agent is authorized to make any trade for which my account is eligible or approved, including margin trades and short sales and to receive any and all account information. I hereby ratify, confirm and agree to be bound by any and all transactions, trades or dealings, whether written or verbal, effected in and for my account(s) by my agent in connection with the authority granted in this instrument, including, but not limited to, the execution of documents, forms or agreements or any authorizations. If I have instructed that this Power of Attorney be accepted in a Trust or Business Service Account, I expressly acknowledge and agree that, by signing below, I delegate the foregoing authority I have as Trustee or Officer, Member, Manager, Partner or other representative duly authorized, and sign this Power of Attorney in such representative capacity or capacities as applicable for the accounts to which this authorization applies.

This Power of Attorney will be subject to, controlled by and interpreted in accordance with the laws of the State of New York, without giving effect to any principles of choice of law or conflict of laws (notwithstanding any provision to the contrary contained in any application for any account at UBS or in any other document).






UBS is entitled to rely on this Power of Attorney until written notice of its revocation is delivered to the branch office where the account is maintained and receipt is acknowledged by UBS. **Enrollment in discretionary UBS Investment Advisory programs will, for those accounts, immediately and effectively revoke any trading authorization granted herein.** In addition, some of the services you have selected may be subject to limitations on their availability as required by law, regulation, rule or our policies, and under those circumstances, these services may be terminated or declined in UBS' sole discretion. **For example, UBS Financial Advisors cannot be appointed Power of Attorney in any retirement account.**

This is an important legal document. Before executing this document, you should know these important facts:




- This document may provide the person you designate as your agent/attorney-in-fact with broad powers, including power to manage, sell, dispose of the assets in your account or borrow money using your property as security for the loan.
- If you are using this Power of Attorney in a Retirement Account, you should be aware that the agent is not authorized under this document to make or change beneficiary designations on your account.

If Power of Attorney is granted on behalf of an entity (e.g. trust), please provide the client name(s) and your name as representative of that client (e.g., "as trustee").

IMPORTANT NOTICE FOR PACE/STRATEGIC ADVISOR ACCOUNTS: Ongoing advice from the UBS Financial Advisor is a principal component of the services clients pay for in these programs. As such, clients may not designate a Power of Attorney for the purpose of obtaining investment advice on a UBS PACE/Strategic Advisor account. This includes registered or unregistered investment advisors, consultants, financial planners or similar parties.


| | | | | | |
|---|-------------------|-----------|--|---|---|
|  | Ghislaine | Maxwell |  |  |  |
| | Client First Name | Last Name | Signature | Date | |
|  | | | | | |
| | Client First Name | Last Name | Signature | Date | |

In the presence of (cannot be the Agent):

| | | | | | |
|---|--------------------|-----------|--|---|---|
|  | | |  |  |  |
| | Witness First Name | Last Name | Signature | Date | |

Client must sign and date in the presence of a witness who must also sign and date this form.

IMPORTANT NOTICE FOR PACE/STRATEGIC ADVISOR ACCOUNTS: Ongoing advice from the UBS Financial Advisor is a principal component of the services clients pay for in these programs. As such, clients may not designate a Power of Attorney for the purpose of obtaining investment advice on a UBS PACE/Strategic Advisor account. This includes registered or unregistered investment advisors, consultants, financial planners or similar parties. By signing below, I confirm that I am not providing investment advice or consulting services to the client granting me agency on this account.

| | | | | | |
|---|------------------|-----------|--|---|---|
|  | | |  |  |  |
| | Agent First Name | Last Name | Signature | Date | |





ADDITIONAL INFORMATION (To Be Completed by Agent)

Basic Information

Check here if agent is UBS Financial Advisor or a registered associated person at UBS

Agent First Name _____ Middle Name _____ Last Name _____

Country of Citizenship:

USA Other: (specify) _____ Passport/Cedula: _____ SSN _____

Address Line 1 _____
Address Line 2 _____
City _____ State/Province _____ Zip/Postal Code _____ Country **United States of America**

Home phone _____ Agent's Relationship, If Any, to Principal _____ Agent's Account No. With UBS (If Any) _____

Financial Information

Investment Experience: How many years have you held investment accounts? 0 _____ years

- Which best describes your knowledge of investments? I know very little about financial markets and market investments.
 I have a good understanding of financial markets and market investments.
 I am an experienced investor in financial markets and market investments.

Personal Information

Date of Birth: _____

Is the Agent affiliated with any securities firm, excluding UBS and its affiliates, broker/dealer subsidiary of a financial institution, securities or commodities exchange, self-regulatory organization or the UBS auditor (currently Ernst & Young)? (NYSE Rule 407)

No Yes (If blank, Firm assumes No). If yes, specify affiliated firm/organization: _____

If you answer "yes" to the NYSE Rule 407 question, approval must be obtained from the specified firm/organization before the account can be opened or trading authority becomes effective.

Is the Agent an employee or related to an employee of UBS AG, its subsidiaries or affiliates (e.g., UBS Financial Services Inc., UBS Securities LLC)?

No Yes, specify Affiliate/Subsidiary _____

Employee First Name _____ Last Name _____ SSN _____

Employment Information

Occupation, Employer Name and Address are only required if your employment status is "employed" or "self-employed".

Status (select one):

- Employed Self-Employed Student Retired Self-Supported Volunteer Unemployed Work in the Home

Occupation _____ Business Phone (optional) _____ Business Fax (optional) _____

Employer Name _____ Industry (i.e., Construction, Service, etc) (optional) _____

Address Line 1 _____ Address Line 2 _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

