

Account Record

<input checked="" type="checkbox"/> Account #:	<input type="text" value=""/>	<input checked="" type="checkbox"/> Is Owner a US Tax Payer?	<input type="text" value="Yes"/>
<input checked="" type="checkbox"/> External Custody	<input type="text" value="No"/>	<input checked="" type="checkbox"/> Federal Tax ID (SSN/TIN/EIN)	<input type="text" value=""/>
<input checked="" type="checkbox"/> Account MIA Type	<input type="text" value="8701 PERSONAL CUSTODY"/>		
<input checked="" type="checkbox"/> Acct Short/Long Name	<input type="text" value="JEFFREY EPSTEIN"/>		
Enter Name for Sorting:	<input type="text" value="JEFFREY EPSTEIN"/>		
Date Opened	<input type="text" value="4/10/2014"/>		
<input checked="" type="checkbox"/> Branch	<input type="text" value="38: DB NY DOMESTIC - CUSTODY ACCT [E214730]"/>		
<input checked="" type="checkbox"/> State Domicile	<input type="text" value="54 U.S. Virgin Islands"/>	<input checked="" type="checkbox"/> Administrative Law	<input type="text" value="32 New York"/>
Acct Legal Name	<input type="text" value="JEFFREY EPSTEIN"/>		
Next Fiscal	<input type="text" value="12/31"/>	of the current year OR	If ERISA Account Enter Plan Year End <input type="text" value=""/>

For Client Service Use Only

Tax Prep Service	<input type="text" value="1"/>	Tax Servicer	<input type="text" value="2"/>	Production Group	<input type="text" value="5"/>
<input checked="" type="checkbox"/> Country of Residency	<input type="text" value="209 United States"/>				
<input checked="" type="checkbox"/> Acquired by	<input type="text" value=""/>				
<input checked="" type="checkbox"/> Account Capacity	<input type="text" value="20 CUSTODIAN"/>				
Fee Agrmt Date	<input type="text" value="4/10/14"/>	<input checked="" type="checkbox"/> Date of Agreement	<input type="text" value="4/9/14"/>	<input checked="" type="checkbox"/> Date of Apptmt	<input type="text" value="4/9/14"/>
<input checked="" type="checkbox"/> Group Code	<input type="text" value="1 DEUTSCHE BANK TR CO AMERICAS"/>				
<input checked="" type="checkbox"/> Team Code	<input type="text" value="5 DOMESTIC CUSTODY"/>				
<input checked="" type="checkbox"/> Base Currency	<input type="text" value="22 US DOLLAR"/>				
<input checked="" type="checkbox"/> Premium Tax Service Client?	<input type="text" value="Yes"/>				
<input checked="" type="checkbox"/> If an ERISA Account is 5500 Reporting Required?	<input type="text" value="No"/>				
<input checked="" type="checkbox"/> Is account owner a tax exempt recipient?	<input type="text" value="No"/>				
<input checked="" type="checkbox"/> Is this an IRA Account?	<input type="text" value="No"/>				

Tax Record

<input checked="" type="checkbox"/> US Tax Class	<input type="text" value="1 US RESIDENT (TAX DUTY)"/>	Foreign Tax Class	<input type="text" value=""/>
<input checked="" type="checkbox"/> Country Situs	<input type="text" value="209 United States"/>		
<input checked="" type="checkbox"/> State Situs	<input type="text" value="54 U.S. Virgin Islands"/>		
Valid Forms	<input checked="" type="checkbox"/> Status	<input checked="" type="checkbox"/> Start Date	
W-9	<input type="text" value="2 certified"/>	<input type="text" value="4/10/2014"/>	(mm/dd/yyyy)
W-8	<input type="text" value=""/>	<input type="text" value=""/>	(mm/dd/yyyy)
Form 1001	<input type="text" value=""/>	<input type="text" value=""/>	(mm/dd/yyyy)

Treaty Eligible Field & Special Withholding Instruction field should only be used for NRA clients submitting W-8Ben forms

Treaty Eligible?

Withholding Special Instructions if Not Using Treaty Eligible Rates

SDNY_GM_00037742

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Tax Record Address

The following address must be added to Global Plus for the official mailing address of the client. If the account owner is a non US taxpayer, enter the address to which the 1099, 1042 or other mailings should be sent. For US taxpayers this may or may not be the same as the owner affiliation address.

<input checked="" type="checkbox"/> Client Name	JEFFREY E. EPSTEIN		
<input checked="" type="checkbox"/> Street Number	6100	Street Name	Red Hook Quarter, B3
<input checked="" type="checkbox"/> City	St. Thomas	<input checked="" type="checkbox"/> State	54 U.S. Virgin Islands
<input checked="" type="checkbox"/> Zip Code	00802	<input checked="" type="checkbox"/> Country	209 United States
<input checked="" type="checkbox"/> IRS Control Name	EPST		

Affiliation - Owner

If owner has an existing client record on Global Plus select Yes in the option below and provide the existing Internal client #. No other information is required. If No is selected owner information will populate based on tax record information provided. This address information below should reflect the legal/permanent address of the account owner. May be different than mailing address above.

Is the owner an existing client record on Global Plus Internal Client #

If new client complete the appropriate information for the owner affiliation: Client Title

Individual Client Name	First Name	JEFFREY		Last Name	EPSTEIN	
Name Extension Field or Corporate Name						
Street #	6100	Street Name	Red Hook Quarter, B3			
Address Line 2						
Mailing Info						
City	St. Thomas		State	54 U.S. Virgin Islands		
Zip Code	00802		Country	209 United States		
Name Type	7 individual		SSN or TIN	<input type="text"/>		
Date of Birth	<input type="text"/>					

Mandatory for IRA Account

Select Yes to also use this owner for the following account affiliation types. These are mandatory affiliation setups except for Daily Advice Recipient. If not the owner, complete the additional affiliation setup section. These affiliations types will be setup using the tax record address/ mailing address. If that address should not be used select No here and setup in the affiliation section.

If Daily Advice is to be setup, select which type:

<input type="checkbox"/> Yes	56 - Proxy Voter	<input type="text"/>	36 - Advice Recipient	<input type="text" value="#N/A"/>
<input type="checkbox"/> Yes	137 TAX LETTER RECIPIENT			
<input type="checkbox"/> No	1042S Recipient (applicable to non-domestic accounts only)			

Account Affiliations - Internal

<input checked="" type="checkbox"/> Affiliation Type	152 - Corporate Action Representative
Client/EE Number	Arthur Tendler EMP # <input type="text"/>
Affiliation Type	200 - Strategic Wealth Advisor
Client/EE Number	Paul Morris EMP# <input type="text"/>
<input checked="" type="checkbox"/> Affiliation Type	228 - Custody Officer
Client/EE Number	Arthur Tendler EMP # <input type="text"/>
<input checked="" type="checkbox"/> Affiliation Type	2 - Investment Officer
Client/EE Number	Arthur Tendler EMP # <input type="text"/>
<input checked="" type="checkbox"/> Affiliation Type	4 - Account Assistant
Client/EE Number	Katy cheng EMP# <input type="text"/>

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<input checked="" type="checkbox"/> Affiliation Type	23 - Tax Officer	
Client/EE Number	State Street [E:TAXST]	
Affiliation Type	218 - Employee Account	
Client/EE Number		
Affiliation Type	260 - Interested Party	
Client/EE Number		
Affiliation Type	270 Hirtle Callahan Affiliation	Mandatory if opening a Hirtle Account
Client/EE Number		
Affiliation Type		
Client/EE Number		

Portfolio Record

Currency	22 USD US DOLLAR			
Type of Portfolio	Principal			
Portfolio Name	JEFFREY EPSTEIN	P	CUSTODY	USD
Alt. Portfolio #	[REDACTED]	USD	P	199
Type of Portfolio	N/A			
Portfolio Name	JEFFREY EPSTEIN	N	CUSTODY	USD
Alt. Portfolio #	[REDACTED]	USD	N	199

Date Opened	4/10/2014 21:21		
Capacity Code	20 CUSTODIAN		
<input checked="" type="checkbox"/> Investment Authority	6 NO RESPONSIBILITY	Acct Code Exten	
<input checked="" type="checkbox"/> Investment Objective	199 - CUSTODY	199	
<input checked="" type="checkbox"/> Voting Authority	2 CUSTOMER VOTES	<i>If #1 selected, do not add Proxy affiliation</i>	
<input checked="" type="checkbox"/> Taxlot Sale Method	4 highest cost (maximum loss)		

Setup Sweep	Yes
<input checked="" type="checkbox"/> Sweep Strategy	43 - DWS GOV'T CASH FUND [999010GC1]

Affiliation Adds

Affiliation Type	251 MUTUAL FUND REPORT RECIPIENT		
Is the affiliation an existing client record on Global Plus	No	Internal Client #	
If new client complete the appropriate information for the owner affiliation:	Client Title		

Individual Client Name	Fist Name	Last Name
Name Extension Field or Corporate Name	SAME AS OWNER	
Street #	Street Name	
Address Line 1		
Mailing Info		
City	State	
Zip Code	Country	
Name Type	SSN	
Date of Birth	<i>Mandatory for IRA Account</i>	

Branch	38: DB NY DOMESTIC - CUSTODY ACCT [E214730]
<i>Identify any other affiliation types this client may be on this account:</i>	231 MUTUAL FUND PROXY RECIPIENT
	252 CORPORATE ACTION RECIPIENT

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Affiliation Adds

Affiliation Type

Is the affiliation an existing client record on Global Plus **No** Internal Client #

If new client complete the appropriate information for the owner affiliation: Client Title

Fist Name Last Name

Individual Client Name

Name Extension Field or Corporate Name

Street # Street Name

Address Line 1

City State

Zip Code Country

Name Type SSN

Date of Birth *Mandatory for IRA Account*

Branch

Identify any other affiliation types this client may be on this account:

Affiliation Adds

Affiliation Type

Is the affiliation an existing client record on Global Plus **No** Internal Client #

If new client complete the appropriate information for the owner affiliation: Client Title

Fist Name Last Name

Individual Client Name

Name Extension Field or Corporate Name

Street # Street Name

Address Line 1

Mailing Info

City State

Zip Code Country

Name Type SSN

Date of Birth *Mandatory for IRA Account*

Branch

Identify any other affiliation types this client may be on this account:

Affiliation Adds

Affiliation Type

Is the affiliation an existing client record on Global Plus **No** Internal Client #

If new client complete the appropriate information for the owner affiliation: Client Title

Fist Name Last Name

Individual Client Name Langer

Name Extension Field or Corporate Name

Street # Street Name

Address Line 1

Mailing Info

City State

Zip Code Country

Name Type SSN SDNY_GM_00037745

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Date of Birth *Mandatory for IRA Account*

Branch

Identify any other affiliation types this client may be on this account:

Affiliation Adds

Affiliation Type

Is the affiliation an existing client record on Global Plus Internal Client #

If new client complete the appropriate information for the owner affiliation: Client Title

Fist Name		Last Name	
Individual Client Name <input type="text"/>		<input type="text"/>	
Name Extension Field or Corporate Name <input type="text"/>			
Street # <input type="text"/>	Street Name <input type="text"/>		
Address Line 1 <input type="text"/>			
Mailing Info <input type="text"/>			
City <input type="text"/>		State <input type="text"/>	<input type="text"/>
Zip Code <input type="text"/>		Country <input type="text"/>	<input type="text"/>
Name Type <input type="text"/>		SSN <input type="text"/>	<input type="text"/>
Date of Birth <input type="text"/>		<i>Mandatory for IRA Account</i>	

Branch

Identify any other affiliation types this client may be on this account:

Affiliation Adds

Affiliation Type

Is the affiliation an existing client record on Global Plus Internal Client #

If new client complete the appropriate information for the owner affiliation: Client Title

Fist Name		Last Name	
Individual Client Name <input type="text"/>		<input type="text"/>	
Name Extension Field or Corporate Name <input type="text"/>			
Street # <input type="text"/>	Street Name <input type="text"/>		
Address Line 1 <input type="text"/>			
Mailing Info <input type="text"/>			
City <input type="text"/>		State <input type="text"/>	<input type="text"/>
Zip Code <input type="text"/>		Country <input type="text"/>	<input type="text"/>
Name Type <input type="text"/>		SSN <input type="text"/>	<input type="text"/>
Date of Birth <input type="text"/>		<i>Mandatory for IRA Account</i>	

Branch

Identify any other affiliation types this client may be on this account:

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DB-SDNY-0000570
EFTA_00148355

EFTA01282343

Affiliation Adds

Affiliation Type

Is the affiliation an existing client record on Global Plus Internal Client #

If new client complete the appropriate information for the owner affiliation: Client Title

Individual Client Name	Fist Name <input type="text"/>		Last Name <input type="text"/>	
Name Extension Field or Corporate Name	<input type="text"/>			
Street #	Street Name <input type="text"/>			
Address Line 1	<input type="text"/>			
Mailing Info	<input type="text"/>			
City	<input type="text"/>		State	<input type="text"/>
Zip Code	<input type="text"/>		Country	<input type="text"/>
Name Type	<input type="text"/>		SSN	<input type="text"/>
Date of Birth	<input type="text"/>			
Branch	<input type="text"/>			
<i>Identify any other affiliation types this client may be on this account:</i>	<input type="text"/>			
	<input type="text"/>			

REVIEWED

By mahpras at 11:57 am, Apr 10, 2014

PRASHANT MAHENDRU
Name

4/10/2014
Date

APPROVED

By yadadhr at 9:25 pm, Apr 10, 2014

DHRUV YADAV
Name

4/10/2014
Date

SDNY_GM_00037747

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DB-SDNY-0000571

EFTA_00148356

EFTA01282344