

Payment Instructions

Name of Beneficiary/Claimant: [REDACTED]

Account Name (Exact Name on Account): THE MARSH LAW FIRM PLLC ATTORNEY TRUST ACCOUNT IOLA

Address of Account Holder: [REDACTED] New York, New York 10001-2170

Account Number or IBAN: [REDACTED]

Name of Financial Institution: JP MorganChase Bank

Wire Routing # or SWIFT Code: [REDACTED]

If the payment will go through an intermediary bank, please contact Elise Frejka at [REDACTED] to provide additional required information.

I hereby authorize Simone Lelchuk, the Claims Administrator, to wire my allocation from the Epstein Survivors' Settlement Fund JPM Qualified Settlement Fund to the account referenced above. I understand that the Claims Administrator or her counsel will contact me prior to initiating payment to verbally confirm these payment instructions and that payment cannot be made absent such verification.

[REDACTED]
[REDACTED] (John K, 10/24/2019 GMT+1)
Name: [REDACTED]
Email Address: [REDACTED]
Phone Number: + [REDACTED]

EpsteinSSFJPM - Payment Instructions

Final Audit Report

2024-01-17

Created: 2024-01-17
By: Cassandra Sorrentino (██████████)
Status: Signed
Transaction ID: CBJCHBCAABAAbJIMy8huJu2dWGHtdLSwotzERIr7UIS

"██████████ EpsteinSSFJPM - Payment Instructions" History

Document created by Cassandra Sorrentino (██████████)
2024-01-17 - 6:45:48 PM GMT

Document emailed to ██████████ for signature
2024-01-17 - 7:15:11 PM GMT

>Email viewed by ██████████
2024-01-17 - 7:15:16 PM GMT

Signer ██████████ entered name at signing as ██████████
2024-01-17 - 7:40:03 PM GMT

Document e-signed by ██████████ (██████████)
Signature Date: 2024-01-17 - 7:40:05 PM GMT - Time Source: server

Agreement completed.
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