

INTERNATIONAL WIRE TRANSFER BUSINESS MEMBER REQUEST

| ME | EMBER INFORMATION | | | |
|--|---|--|--|---|
| Name: | Address: | | | |
| Account #: | City, State and Zip Code: | | | |
| Phone #: | Email Address: | | | |
| Please choose selection that applies: | Personal Fax Number: | | | |
| Transfer US Dollars \$ | Purpose of the Wire: | | | |
| Transfer Foreign Currency \$ | | | | |
| Transfer \$ worth of (US Dollars) (Foreign currency) | | | | |
| RECEIV | VING BANK INFORMATION | | | |
| Name: | Address: | | | |
| SWIFT Code: | City and Country: | | | |
| Transit Code (Canada-9 digit #)**: | Financial System Code: (INDIA-11 digit | t alpha numeric)**: | | |
| Branch Information: | | | | |
| **Additional information required for designated country | | | | |
| | | | | |
| | ON (beneficiary person or company re | | | |
| Name: | Address: | | | |
| Account #: | Address: | | | |
| IBAN #: | | | | |
| Required Information-Beneficiary contact name and telephone nu | mber: | | | _ |
| I understand that Tropical Financial CU will charge a wire transfer fee to my account (refer to (recipient) account. I understand that a disclosure and wire receipt will be provided to me at authorize Tropical Financial CU to send the prepayment disclosure and wire receipt to the e- IMPORTANT NOTICE: Tropical Financial CU relies on the information that you have provid accurate and complete, including the account number, financial institution details and the cubeneficiary's account number that you have provided, even if the name given for the benefic | nd that my signed acknowledgement is required on to mail or fax number listed above. ed in order to transfer funds to another bank account rency of the Recipient's account. Your funds transfer | the wire receipt. If the wire trans. It. Please be sure that the informer request may settle by the be- | rmation you have provide reficiary bank's routing i | d via fax, I ed to us is number and the |
| sent to the wrong bank account number and may not be recovered. | ary sum and or the sononout y account to not made | | same are mooned, your | and may 20 |
| By Federal law, all wire transfer funds are verified against the Office of Foreign Assets Contra | ol's (OFAC) designated lists. | | | |
| Outgoing international wire transfer cutoff time is 2:30 PM | | | | |
| Member Signature: | Date: | | | |
| If by Fax: Return Completed Form to Wire Dept. (954) 499-6793 | Include a Copy of Your Dr | river License | | |
| To be com | pleted by Credit Union: | | | |
| Account Verification | Wire Department: | | | |
| Member ID: | Entered: | | | |
| Member Phone Contact: | Name | Date | Time | |
| Employee Name and ext.#: | Verified: | | | |
| Date: | Name | Date | Time | |
| Supervisor Signature: | Released: | | | |
| | Name | Date | Time | |