

WIRE TRANSFER REQUEST

DATE: _____

CONFIRMATION _____

OFAC

CALLED IN BY _____

~~Date~~ ~~Initials~~

CALL BACK _____

CUSTOMER _____

SIGNATURE _____

AMOUNT _____

ACCOUNT NUMBER _____

INCOMING _____ OUTGOING _____

ADDRESS _____

ESTABLISHED _____

NON-ESTABLISHED _____

The undergoing originator requests payments to be made to the beneficiary or account number named above. To the extent permitted by law, the originator agrees that this wire transfer is irrevocable and that the sole obligation of the institute named above is to exercise ordinary care in processing this wire transfer and that it is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer. The originator agrees to defend, indemnify and hold harmless from and against all claims, losses, costs, damages, liabilities and expenses (including reasonable attorneys' fees) which arise out of the processing of this wire transfer.

BENEFICIARY OR SENDER _____

ACCOUNT NUMBER _____ ID _____

RECEIVING BANK _____

INSTRUCTIONS _____