

## INTERNATIONAL WIRE TRANSFER REQUEST

409 Silverside Road, Suite 105 Wilmington, DE 19809 P: 302.385.5102 F: 302.385.5188

I authorize The Bancorp Bank ("Bank") to make a one-time electronic wire transfer of funds from my deposit account with the Bank to the beneficiary's account identified below.

Please complete the information below to authorize a written	wire transfer request. An incor	nplete form will delay processing	g.		
PART 1: Originator (Sender) Information  Customer Name:	Customer Accou	Customer Account Number:			
Customer Address:					
City:	State:	Country:	Zip Code:		
PART 2: Beneficiary (Recipient) Information					
Beneficiary Name:	Beneficiary Acco	Beneficiary Account Number/IBAN:			
Beneficiary Address:					
City:	State:	Country:	Zip Code:		
Beneficiary Bank Name:	Swift Code:	Swift Code:			
Beneficiary Bank Address:	I				
City:	State:	Country:	Zip Code:		
Your Reference (if any):			l		
PART 3: Intermediary Bank Information (if requesting	ng an international U.S. Do	ollar wire):			
Intermediary Bank Name:	ABA Routing	ABA Routing Number:			
Intermediary Bank Address:	l .				
City:	State:	Country:	Zip Code:		
PART 4: Amount of Wire Transfer	l		I		
Type of Currency: U.S. Dollar (For international wires in U.S. D	Oollars, U.S. intermediary bank information	is required in Part 3, above)	(specify currency):		
Amount of Transfer:	· ·	Purpose of Wire: (Please include specific eason for the wire transfer request)*			
*Completion of the "Purpose of Wire" section is mandatory. Provide a bi each customer's transactions to determine if a transfer fits the customer the customer for additional information.  PART 5: Customer's Signature and Call-Back Number 1.	r's profile. If no apparent purpose is				
Signature of Authorized Account Signer:		Date (mm/dd/yyy):			
Print Name:	Telephone Num	Telephone Number on File for Call-Back Verification:			

Please note: Callback verification may be required prior to processing the wire. For commercial and trust accounts a Wire Transfer Agreement and Signature Card/Application must be on file, and Caller ID/PIN Identification must be provided during the callback verification. For consumer accounts, a Signature Card/Application must be on file and customer identification must be validated during the callback verification. The Customer takes full responsibility and assumes any and all liability for unauthorized account access, identity theft and/or fraud.

Please mail or fax this completed form to: The Bancorp Bank Employee Branch

Attn: Wire Transfer Department, 409 Silverside Road, Suite 105, Wilmington, DE 19809; Fax: 302.385.5188



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## FOR BANK USE ONLY

Date Account Opened:		Callback Verification Date:		
Account Status:		Callback Verification Time:		
Available Balance:	_	Callback Telephone Numbe	r:	
Signature Card Verified:		Wire Room Verification by:		
Wire Transfer Agreement Verified:		Wire Transfer Entered by:		
Customer's Authorized Rep.:		Wire Transfer Verified by:		
Consumer's last 4 of SS#:		Wire Approval Signature:		
Purpose of Wire Verified:  Telephone Number on File Verified:		(if applicable)		
		Exception Approval:	- <u></u> -	
		Date Processed:		
USD Equivalent:Exchange Rate:	Contract ID: Delivery Date to Beneficiary	/:	Confirmed by: (initials) Confirmed Disclosure sent if Consumer	
			International Wire:(initials)	