

## One-Time Wire Transfer Request

FORM **C.13** 

Use this form to initiate/release a **one-time** wire transfer. Fax this form to the fax number at the bottom of the page.

Domestic Wire Transfer			Inte	International Wire Transfer (TC 153)							
Agency No.	Agency Name		Account to I	Be Charged							
Transfer Date $(m/d/yyyy)$ Transfer Amount			Amount For	Amount Format (International Only) FX C			urrency Cod	e	Currency Codes		
Beneficiary Name				Account	No. (IBAN fo	r Internatio	nal)				
Address (International Only) (Must Include Postal Code)								Country (	Internat	tional Only)	
Message to Be	eneficiary (Optio	nal)									
Financial Inst	itution Name	Use Intermediary	Financial Institution	n Wire AB	A Routing T	ransit Nun	nber SWIF	FT Code (Inte	ernation	al Only)	
Street Address				City		5	State	Country (	Internat	tional Only)	
Intermediary Financial Institution Name (International Only) (Optional)					Account No./IBAN SWIFT Code						
Street Addres		City		5	State	Country					
(from the	10:30 a.m. greater thai	er 10:30 a.m. will deadline) for tro 1 \$5 million.									
Check box if you need to use electronic signatures Learn more	Authorized In	itiator Signature	Date (m/d/y	yyy)	<i>y</i> )						
	Name		Title				Phone Number				
	Authorized Re	eleaser Signature	Date (m/d/y	ууу)							
	Name		Title		Phone Numb			oer			
				TREASURY USE ONI				7			
					INITIALS	IITIALS DATE		INITI	IALS	DATE	
				igs. Verified			Sigs. Veri	-	$\longrightarrow$		
			E	ntered			Approved	RELEASER CO	)NEIRM^	TION	
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