

**INTERNATIONAL WIRE
TRANSFER REQUEST**

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

I authorize the Bank to make a one-time electronic wire transfer of funds from my Cash Access Account with the Bank to the beneficiary's account identified below.

PART 1: Customer's Cash Access Account with Us ("Transfer from")

Account Name:	Account Number:
Customer's Address:	A Wire Transfer Agreement is on file for this account: <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2: Beneficiary's Financial Institution Information ("Transfer to")

Account Name:	Account Number/IBAN:
Beneficiary's Address (City and Country):	
Financial Institution Name:	Swift Code:
Financial Institution Address (City and Country):	
Reference:	

PART 3: Amount and Date of Wire Transfer

Type of Currency: <input type="checkbox"/> U.S. Dollar <input type="checkbox"/> Other (specify currency):	
Amount of Transfer:	Requested Date of Transfer: (mm/dd/yyyy)

PART 4: Customer's Signature and Call-Back Number

Signature of Authorized Account Signer:	Date: (mm/dd/yyyy)
Print Name:	Telephone Number for Call-Back Verification:

Please note: A Signature Card and Wire Transfer Agreement (if applicable) must be on file with the Bank before the transfer request will be processed. No wire request will be processed without telephone call-back and PIN verification (if applicable). 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:

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

FOR BANK USE ONLY

Date Account Opened: _____ Branch Number: _____ Account Status: _____ Available Balance: _____ Date of Last Deposit: _____ Type of Last Deposit: _____ Amount of Last Deposit: _____ Signature Card Verified: _____ (initials) Wire Transfer Agreement Verified: _____ (initials) Call-Back/PIN Waiver on File? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (initials) PIN Only Waiver on File? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (initials)	Customer's Authorized Rep.: _____ Call-Back Verification Date: _____ Call-Back Verification Time: _____ Wire Room Verification by: _____ (initials) Wire Transfer Entered by: _____ (initials) Wire Transfer Verified by: _____ (initials) Date Processed: _____ Approved by (signature): _____	
USD Equivalent: _____ Exchange Rate: _____	Contract ID: _____ Delivery Date to Beneficiary: _____	Confirmed by: _____ (initials)