

## DOMESTIC 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 deposit account with the Bank to the beneficiary's account identified below. Please complete all sections of the Wire Transfer Request. An incomplete form will delay processing.

### PART 1: Customer's Deposit Account with Us ("Transfer from")

Account Name:	Account Number:	
Customer's Mailing Address:		
City:	State:	Zip Code:

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

Account Name:	Account Number:	
Beneficiary Address:		
City:	State:	Zip Code:
Financial Institution Name:	ABA Routing Number: (Please verify number for wire transfer with the financial institution.)	
Financial Institution Address:		
City:	State:	Zip Code:
Reference: (if applicable)		

### PART 3: Amount of Wire Transfer

Amount of Transfer: \$	Purpose of Wire:
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### 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 must be on file for commercial and trust accounts before the transfer request will be processed. A Wire Transfer Agreement is not required for consumer accounts. No wire request will be processed without a telephone call-back for all accounts. In addition, a Caller ID and PIN verification will be required for commercial and trust accounts. 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: _____	Callback Verification Date: _____
Account Status: _____	Callback Verification Time: _____
Available Balance: _____	Callback Telephone Number: _____
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# & DOB: _____	<b>Wire Approval Signature:</b> (if applicable) _____
	<b>Exception Approval:</b> _____
	<b>Date Processed:</b> _____