



INTERNATIONAL WIRE TRANSFER REQUEST

I authorize The Bancorp Bank, N.A. (Bank) to make a 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.

The Wire Transfer Department is open Monday through Friday 8:30 AM ET to 5:00 PM ET. Outgoing wire transfer requests received prior to 4:00 PM ET will be processed the same business day if funds are available and call back verification has been completed (when applicable). An incomplete form will delay processing.

Fee(s) may be assessed by the receiving, intermediary and/or beneficiary financial institution(s) for a wire transfer returned for insufficient or incorrect information which you provided that prevented the funds from being applied to the beneficiary account. The fee(s) may vary and will be deducted from the funds returned to your deposit account by the financial institution(s) charging the fee(s).

PART 1: Originator	(Sender) Info	ormation		
Customer Name			Customer Account Number	
Customer Address				
City	State	Country	ZIP Code	_
PART 2: Beneficiary	(Recipient) I	nformation		
· · · · · · · · · · · · · · · · · · ·	(,			
Beneficiary Account Name			Beneficiary Account Number/IBAN	
Beneficiary Address				
City	State	Country	ZIP Code	_
Beneficiary Bank Name			SWIFT Code	
Beneficiary Bank Address				
City	State	Country	ZIP Code	_
Your Reference (if any)				

409 Silverside Road, Suite 105 Wilmington, DE 19809 | Phone: 866.792.5412 | Fax: 302.385.5188 | www.seicashaccess.com REQ0004637 03/2023 145

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PART 3: Intermedi	ary Bank Info	rmation			
If requesting an international	wire transfer in U.S. D	Pollars:			
Intermediary Bank Name			ABA Routing Number		
Intermediary Bank Address					
City	State	Country	ZIP Coc	de	
PART 4: Currency	Selection and	Amount			
U.S. Dollar (For interna	ational wires in U.S. D	ollars, U.S. intermedia	ary bank information is required	in Part 3, above)	
Other:Specify Currence	cy	_			
Amount of Transfer	Purpose of V	Vire (please include spec	sific reason for the wire transfer requ	est*)	
	letermine if a transfer fits			oney transfer. The Bank has a responsibility to u s unclear the Bank's Wire Transfer Department	
PART 5: Customer	's Signature a	nd Call Back N	lumber		
Signature of Authorized Accoun	t Signer		Date (mm/dd/yyyy)		
Print Name			Phone Number on File for Call-back Verification		
be on file, and Caller ID/PIN Identi	ification must be provided	d during the callback veri	fication. For consumer accounts, a Sig	er Agreement and Signature Card/Application gnature Card/Application must be on file and co d all liability for unauthorized account access, in	ustomer
Please mail or fax this compl	eted form to:				
SEI Cash Access Attn: Wire Tr 409 Silverside Road, Suite 105		309			

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FOR BANK USE ONLY

Date Account Opened (mm/dd/yyyy)	Account Status	Available Balance	Signature Card Verified
Wire Transfer Agreement Verified	Customer's Authorized Rep.	Last 6 digits of customer's SSN or TIN	Purpose of Wire Verified
Telephone Number on File Verified	Callback Verification Date (mm/dd/yyyy)	Callback Verification Time	Callback Telephone Number
Wire Room Verification by	Wire Transfer Entered by	Wire Transfer Verified by	
Wire Approval Signature (if applicable)	Exception Approval	Date Processed	_
			_
USD Equivalent	Contract ID	Confirmed by (Initials)	
Exchange Rate	Delivery Date to Beneficiary	International Wire (Initials)	_