

Manhattan Beach, CA 90267

Business Wire Transfer Request Wire Transfers may take up to three business days to process

| Domestic wire requests MUST be received by 12:00pm (PT). International wire requests MUST be received by 10:00am (PT). Wires may take 24-72 hours to process and may require two seperate member phone calls for verification | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------|------------------|---------------------------------|----------------------------------------------------------------|--------------------|----------------|---------------------------|--|
| For security purposes, UNIFY will only call phone numbers on record for verification. | | | | | | | | | |
| ACCOUNT INFORMATION | | | | | | | , | | |
| BUSINESS NAME | | | | | | | | | |
| AUTHORIZED SIGNER NAME | | | | | ACCOUNT | ACCOUNT # SHARE ID | | | |
| ADDRESS | | | | | CITY | CITY ST/ZIP | | | |
| DAYCELL PHONE HOME PHONE | | | | AMOUNT (US DOLLARS ONLY) FEE \$ | | | | | |
| BENEFICIARY INFORMATION (R | ECIPIENT INFORMA | ATION) | | | | | | | |
| BENEFICIARY BANK NAME | | | | ROUTING # (| ROUTING # (DOMESTIC BANKS)/SWIFT CODE (FOR INTERNATIONAL BANKS | | | | |
| BANK ADDRESS CITY | | | | ST/ZIP/O | | | ZIP/COUNTRY | COUNTRY | |
| INTERMEDIARY BANK NAME (IF REQUIRED) | | | | ROUTING # | | | | | |
| INTERMEDIARY BANK ADDRESS CITY | | | | ST/ | | | ZIP | | |
| BENEFIARY'S NAME (FIRST, MIDDLE, LAST) | | | | BENEFICIARY | BENEFICIARY'S ACCOUNT# | | | | |
| BENEFICIARY'S ADDRESS | | | | ı | | | | | |
| SPECIAL PAYMENT INSTRUCTIONS/OTHER INFORMATION (I.E., ESCROW, DETAIL OF PAYMENTS, ETC.) | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| IMPORTANT INFORMATION | | | | | | | | | |
| If the name and account number of | a hanoficiary and/or | r name and id | ontifuing numbo | r of a financia | Linctitution are | nrovidad | we and other f | financial institutions | |
| may process the payment order (wi the number may identify a person of | re transfer) based up | on the accou | nt number (bene | eficiary) and/o | r identifying nu | | | | |
| You agree to the terms of "Regulation Agreement signed by the authorized Union, must be satisfied before the | d signers. You also ag | ree that the S | Security Procedu | | | | | | |
| MEMBERS SIGNATURE | | | | | DATE | | | | |
| BRANCH USE ONLY | | | | | | | | | |
| TYPE OF ID VERIFIED | ID NUMBER | | EXPERITATIO | N DATE S | SIGNATURE VERIFIED | | TYPE OF | TYPE OF DOCUMENT VERIFIED | |
| VERIFIED BY (PLEASE PRINT) | | | EXTENSION | | USER# | | BRANCH# | BRANCH# | |
| BRANCH MANAGER/SUPERVISOR SIGNATURE | | | | | USER # | | DATE | GOOD FUNDS | |
| | | | | | | | | Yes No | |