

#### 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)				

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PART 3: Intermedia					
If requesting an international w	ire transfer in U.S. [	Dollars:			
Intermediary Bank Name			ABA Routing Numbe	er	
Intermediary Bank Address					
City	State	Country		ZIP Code	_
PART 4: Currency S	election and	Amount			
U.S. Dollar (For internati Other: Specify Currency	ional wires in U.S. D	ollars, U.S. intermediar	ry bank information is re	equired in Part 3, a	bove)
	e" section is mandatory	y. Provide a brief, specific c		of the money transfer.	– . The Bank has a responsibility to understand Bank's Wire Transfer Department may conta
PART 5: Customer's	tion.				
Signature of Authorized Account S	Signer		Date (mm/dd/yyyy)		_
Print Name			Phone Number on Fi for Call-back Verifica		_
be on file, and Caller ID/PIN Identific	cation must be provide	d during the callback verific	cation. For consumer accou	ınts, a Signature Card	nt and Signature Card/Application must I/Application must be on file and customer for unauthorized account access, identity the
Please <b>mail or fax</b> this complet	ed form to:				
The Bancorp Bank, N.A. Attn: V 409 Silverside Road, Suite 105, V					

409 Silverside Road, Suite 105 Wilmington, DE 19809  $\mid$  www.thebancorpbank.com REQ0004637 08/2023 001

Fax: 302.385.5188

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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)	_