

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) Information

Customer Name Customer Account Number

Customer Address

City State Country ZIP Code

PART 2: Beneficiary (Recipient) Information

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: Intermediary Bank Information

If requesting an international wire transfer in U.S. Dollars:

Intermediary Bank Name

ABA Routing Number

Intermediary Bank Address

City

State

Country

ZIP Code

PART 4: Currency Selection and Amount

U.S. Dollar (For international wires in U.S. Dollars, U.S. intermediary bank information is required in Part 3, above)

Other: _____
Specify Currency

Amount of Transfer

Purpose of Wire (please include specific reason for the wire transfer request*)

**Completion of the "Purpose of Wire" section is mandatory. Provide a brief, specific description of the purpose of the money transfer. The Bank has a responsibility to understand each customer's transactions to determine if a transfer fits the customer's profile. If no apparent purpose is provided or is unclear the Bank's Wire Transfer Department may contact the customer for additional information.*

PART 5: Customer's Signature and Call Back Number

Signature of Authorized Account Signer

Date (mm/dd/yyyy)

Print Name

Phone Number on File
for Call-back Verification

Note: Callback verification may be required prior to processing the wire. For commercial and trust accounts a Wire Transfer Agreement and Signature Card/Application must be on file, and Caller ID/PIN Identification must be provided during the callback verification. For consumer accounts, a Signature Card/Application must be on file and customer identification must be validated during the callback verification. 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:

Advisor Bank Attn: Wire Transfer Department
409 Silverside Road, Suite 105, Wilmington, DE 19809

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) | |