

409 Silverside Road, Suite 105
 Wilmington, DE 19809
 P: 302.385.5102
 F: 302.385.5188

I authorize The Bancorp Bank ("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 the information below to authorize a written wire transfer request. An incomplete form will delay processing.

PART 1: Originator (Sender) Information

Customer Name:		Customer Account Number:	
Customer Address:			
City:	State:	Country:	Zip Code:

PART 2: Beneficiary (Recipient) Information

Beneficiary 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):			

PART 3: Intermediary Bank Information (if requesting an international U.S. Dollar wire):

Intermediary Bank Name:		ABA Routing Number:	
Intermediary Bank Address:			
City:	State:	Country:	Zip Code:

PART 4: Amount of Wire Transfer

Type of Currency: <input type="checkbox"/> U.S. Dollar (For international wires in U.S. Dollars, U.S. intermediary bank information is required in Part 3, above) <input type="checkbox"/> 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:		Telephone Number on File for Call-Back Verification:	

Please 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: _____ Account Status: _____ Available Balance: _____ Signature Card Verified: _____ Wire Transfer Agreement Verified: _____ Customer's Authorized Rep.: _____ Consumer's last 4 of SS#: _____ Purpose of Wire Verified: _____ Telephone Number on File Verified: _____		Callback Verification Date: _____ 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: _____ Exchange Rate: _____	Contract ID: _____ Delivery Date to Beneficiary: _____	Confirmed by: _____ (initials) Confirmed Disclosure sent if Consumer International Wire: _____ (initials)	