

Attention: Physical address only, P.O. Box address NOT acceptable. This form must be inked signed and dated.

Accountholder Information

| | |
|--|----------------|
| Name: _____ | Phone #: _____ |
| Address: _____ | |
| Occupation: _____ | |
| Account #: _____ <input type="checkbox"/> Shares <input type="checkbox"/> Share Draft/Checking <input type="checkbox"/> Other: _____ | |
| Wire Type: <input type="checkbox"/> International <input type="checkbox"/> Domestic <input type="checkbox"/> Repetitive (<i>Additional Information Needed</i>) Wire Amount: \$ _____ | |
| Specific Purpose of wire _____ Wire Fee: \$ _____ | |

Recipient/Beneficiary Information

| | |
|-----------------------------------|---------------------|
| Recipient/Beneficiary Name: _____ | |
| Address: _____ | |
| Account #: _____ | Instructions: _____ |

Recipient/Beneficiary Financial Institution Information

| | |
|--|--|
| Bank Name: _____ | ABA/Routing # _____ |
| Bank Address: _____ | |
| Other Reference: _____ | |
| SWIFT Code: * _____ | IBAN Number: * _____ |
| <i>Required for International wires only</i> | <i>Required for International wires only</i> |

Other/Intermediary Financial Institution Information

| |
|----------------------------------|
| Intermediary Bank Name: _____ |
| Intermediary Bank Address: _____ |

Disclosure and agreement: Your account will be charged all applicable fees, and wire are subject to a 1:00 PM business day cut-off. Wires processed through the Federal Reserve are governed by Regulation J (12 CFR Part 210). If you provide a payment order that identifies the beneficiary, intermediary, or beneficiary’s financial institution by both name and an identifying number (including, but not limited to, an account number, routing number, or SWIFT code), the receiving financial institution may rely solely on the identifying number for purposes of processing the transfer. Payment may be made based on such identifying number even if it identifies a person or financial institution different from the name provided. ***Wire transfers are final and irrevocable once processed.*** Once a wire transfer has been submitted or released, the AHCUC cannot cancel, amend, or guarantee recovery of the funds. AHCUC is not responsible for errors, delays, non-transfer, or misdirected funds resulting from inaccurate, incomplete, or illegible information provided by you. You acknowledge and agree that inaccurate or incomplete information may result in the wire transfer not being processed, delayed, or sent to an unintended recipient, and you may incur fees or costs as a result. By submitting this request, you confirm that all information provided is accurate and complete and that you understand and agree to the terms outlined above.

Account Owner’s Signature: _____ Date: _____

| | | | |
|--|---|--|-------------|
| For Internal Use Only | | | |
| ID number & Type: _____ | | | Time: _____ |
| Processed By: Initials & Teller #: _____ | Verified By: Initials & Teller #: _____ | | Date: _____ |