



REQUEST FOR WIRE TRANSFER OF FUNDS

| Wire Information | |
|------------------|--|
| Request Date | |
| Type of Wire | Domestic <input type="checkbox"/> International <input type="checkbox"/> |
| Wire Amount* \$ | |
| Purpose | |

*Only USD, No Foreign Currency

| Beneficiary Information (the person receiving the funds) | |
|--|--|
| Account or *IBAN # | |
| Name(s) | |
| Address 1 | |
| Address 2 | |
| Address 3 | |
| Reference # | |
| OFAC / FINCEN | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Additional Info | |

| Originator Information (the person sending the funds) | |
|---|--|
| Name | |
| Address | |
| City and State | |
| Zip Code | |
| Date of Birth | |

| | | |
|---------------------|--------|------|
| Member CU Account # | Suffix | Fees |
| Phone Number () - | | |
| Address | | |

| Receiver Bank Information | |
|--|--|
| ABA # (Domestic) / SWIFT (International) | |
| Bank Name | |
| Address 1 | |
| Address 2 | |
| Address 3 | |
| OFAC / FINCEN | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| Correspondent Bank Information (if any) | |
|---|--|
| Account # | |
| Name | |
| Address 1 | |
| Address 2 | |
| OFAC / FINCEN | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| Intermediary Bank Information (if any) | |
|--|--|
| Account # | |
| Name | |
| Address 1 | |
| Address 2 | |
| OFAC / FINCEN | YES <input type="checkbox"/> NO <input type="checkbox"/> |

I authorize Nikkei Credit Union to transfer funds as shown on this wire transfer form. I am responsible for the accuracy of the above information. Notwithstanding knowledge of any inconsistency, the Credit Union and subsequent parties to the wire transfer order may act solely on the basis of the account number if the name and number disagree. The Credit Union will send the funds by any funds transfer payment system or intermediary bank at its discretion. Confirmation of receipt from the recipient is not required; if requested, the Credit Union will request confirmation but will not be responsible for receipt. A confirmation request fee may be assessed. I understand that there is a fee associated with sending a wire and that the funds will be withdrawn from my account when the wire is sent. The Credit Union is not responsible to any transferee, beneficiary, or other party as a result of this wire transfer order nor shall the Credit Union be liable for insolvency, neglect, misconduct, mistake, or default of another institution or person, including an originator, except as provided in this request form. The Credit Union will be liable only to its immediate originator only for failure to credit the amount of this wire transfer order to the recipient account solely as a result of the Credit Union's failure to exercise ordinary care or act in good faith. The Credit Union's liability for such failure will be limited to the amount of the transfer order plus lost interest or as otherwise required by law.

| | | | |
|--|-------------|--|--------------------------------------|
| Member Name (Please Print) | | Member Signature | |
| <i>Office Use Only</i> | | | |
| If in person (other ID) | | If not in person, 2 nd Security Verification (Questions Validation, etc.) | |
| Teller Initials | Date | Phone # Called | 2 nd Verification By Date |
| Branch Manager's Signature (Required for ALL wire transfers) | | Date | |
| Wire Submitted By | Date / Time | Wire Verified By | Date / Time Reference |
| ATTACH CORPORATE AMERICA CONFIRMATION TO THIS FORM | | | |