

## INTERNATIONAL WIRE TRANSFER REQUEST

| Name:  |   | Member Number:   |  |  |
|--|---|--|--|--|
| Phone:   | Email:  |  |  |  |
| INTERNATIONAL WIR  | E INFORMATION   |  |  |  |
| Wire that exceeds the US Dollar  | Value of \$50,000.00. Rolling 30-day per  | tional Wire – Hanscom Federal Credit Union will not send an International<br>riod – US Dollar Value of \$50,000.00 – this is the maximum dollar amount<br>I <b>D or Passport MUST be included with each International Wire Form.</b> |  |  |
| FUND TRANSFER OPTIONS: (CHOS   | e one)  |  |  |  |
|  | rency Foreign Currency Type:<br>m your account and converted to the foreign cur | rrency specified above prior to being sent to the beneficiary bank.  |  |  |
| □ Foreign Currency (US \$  | debit) to Foreign Currency  | Foreign Currency Type:   |  |  |
| The US \$ equivalent of the foreign current be received at the beneficiary bank. | ency listed wire amount will be debited from yo                                 | ur account. This method should be used when a specific amount of foreign currency needs to   |  |  |
|  |   | ABA #/SWIFT Code:  |  |  |
|  |   | in the foreign country is not specifically designated to receive US \$, the foreign bank will<br>wn exchange rate, and applicable transaction fees.  |  |  |
| Transaction Amount Wire  | d \$  |  |  |  |
| l authorize Hanscom Federal Cre  | edit Union to debit the wire and wire ch  | arge of <b>\$50.00</b> from the account suffix noted below.  |  |  |
| □ Savings Suffix #:  | □ Checking Suffix #: □ Ot   | her Suffix #:  |  |  |
| <b>BENEFICIARY INFORMATI</b>   | ON  |  |  |  |
| Beneficiary's Bank   |   | Bank Address   |  |  |
| City/Town  | Province  | State/Country  |  |  |
| Postal Code  | Bank/Sort Code  | Swift Number   |  |  |
| Bank code is requir  | red for GBP wires (Great Britain/United   | Kingdom) /5-digit Sort Code is required for wires going to Kenya.  |  |  |
| Beneficiary Name   | Beneficiary Phone   |  |  |  |
| Beneficiary Address  | City/State/Zip  |  |  |  |
| Beneficiary Account #/IBAN   |   |  |  |  |
| A valid IBAN is required for all w   | rires going to Europe / An 18-digit CLAB  | E # is required for all wires going to Mexico.   |  |  |

Reason/Reference for Payment

## All wires must include a reason for payment and phone number for the beneficiary.

I understand that Hanscom Federal Credit Union is acting strictly as an agent and will act only on the instructions that I have provided. In the event that the information provided is incomplete or incorrect, I release Hanscom Federal Credit Union from any liability that may result. The payee or any Financial Institution (FI) may be identified by name, account number, or ABA #. Hanscom Federal Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. Regulation J governs a wire transfer cleared through the Federal Reserve. I authorize Hanscom Federal Credit Union to transfer funds as described herein and debit my account in the amount transferred, plus applicable charges. I understand that should I request a wire by fax, or by secure email, the wire will be verified by a call-back from a Credit Union employee to me using a telephone number currently on file at Hanscom Federal Credit Union. This call-back may require me to send a secure email verifying the authenticity of the fax request.

| Signature:  |                                   | Date:           |                |
|---|-----------------------------------|-----------------|----------------|
| Con   | MPLETED BY MEMBER SERVICE REPRESE | ENTATIVE        |                |
| Request received through 🗆 Secure Email 🛛 Fax 🗖 N     | /ail 🛛 In Person - Branch Office  |                 |                |
| Form completed and Member Signature verified by       |                                   | Date verified / | /Time verified |
| Verification of Member – Type of ID                   | ID #                              | Expiration      | Date of ID     |
| Secondary Verification for completeness of form – Emp | oloyee Name (other than above)    |                 |                |
| Federally Insured by NCUA Updated 06/2024             |                                   |                 |                |