

**INTERNATIONAL OUTGOING WIRE TRANSFER REQUEST & AUTHORIZATION FORM**

| | |
|---|----------------------|
| Account #: | Wire Amount: \$ |
| Telephone #: | Currency Type: Rate: |
| Account Title: | |
| Street Address: | |
| City: | State: Zip: |
| INTERMEDIARY BANK DATA (If applicable) | |

Transfer to:

| | |
|---|-----------------------|
| Intermediary Bank Name: | ABA/SWIFT/CHIPS Code: |
| Branch Address (Required Only for Foreign Banks): | |

| | |
|------------------------------|--|
| BENEFICIARY BANK DATA | |
|------------------------------|--|

Destination Bank:

| | |
|-----------------------|----------------------|
| Bank Name and Branch: | SWIFT or CHIPS Code: |
| Street Address : | |
| City, State and Zip: | Country: |

| | |
|---|--|
| BENEFICIARY DATA (Person or Company Receiving Funds) | |
|---|--|

For Further Check here if Name & Address information is same as Sender

| | | |
|-----------------------|-----------------------|----------|
| Name of Beneficiary: | Account # (Required): | |
| Street Address : | | |
| City: | State & Zip | Country: |
| Special Instructions: | | |

Wire Transfer Requests must be received by 12:00 noon Eastern Time.

International Outgoing WIRE FEE= \$40.00

In addition to the Landmark Bank "Terms and Conditions of Your Account" which I acknowledge and agree to, I also agree to indemnify and hold Landmark Bank (the Bank), its directors, officers, employees, and attorneys, harmless for any losses, claims, damages or liabilities, including attorney's fees, arising from or related to the Bank's acceptance and processing of wire transfer instructions which I approve or which my representatives provide whether in person, by mail or by fax. I understand the Bank is under no obligation to verify either the accuracy of the instructions or my representative's authority to affect such wire transfers. The Bank is authorized and directed to make transfers and to act upon instructions relating to transfers upon receipt, whether by the original written request, via facsimile transmission, or in person, which on their face appear authentic. The Bank will perform reasonable security measures/procedures to verify authenticity of the instructions prior to processing, which include a verification of signature on this form to the account agreement on file and; if this request was received in a facsimile transmission, callback procedures using contact information on our records which will include verification of personal information on file. However, any request acted upon by the Bank, whether or not authorized by the account holder, shall be treated as the account holder's authorized and authentic request.

The undersigned hereby acknowledges receipt of a copy of this authorization, certifies to the correctness of all information herein contained and requests and authorizes the Bank to complete the transfer using the instructions detailed above.

| | |
|-----------------|-------|
| Signature: | Date: |
| Name (Printed): | |

| | | |
|---------------------------|----------------|--------------------------------|
| | | For Bank Use Only |
| Wire amount (written or | | |
| Prepared By: | Approved By: | Accting Dept. Use Only: |
| Date/Time: | OFAC Verified: | OFAC Rcvd: |
| Callback Verification: b: | FATF Verified: | FATF Rcvd: |
| Current Avail Balance: | R/T Verified: | |