

# LIBERTAD BANK SSB ("BANK")

## Outgoing Wire Transfer Form

Date:	Prepared By:	Acct to Charge:
Amount in US Dollars:		Fee:
Amount in Foreign:	Rate:	Foreign Currency Type:
Originator:		Phone:
Originator Address:		
Business Wire <input type="checkbox"/>	Personal Wire <input type="checkbox"/>	Reason for Wire:
Beneficiary Bank:		ABA/Sort/Swift #:
Bank Address:		
Beneficiary:		Acct#:
Address:		
<i>Beneficiary address required for all wires over \$3,000.</i>		
Further Credit Info:		

### CONDITIONS

It is hereby agreed that in accepting and effecting this transfer, no liability shall attach to BANK or to its correspondents for any loss or damage sustained by reason of delays, mistakes, omissions, interruptions, mutilations, or errors on the part of the telephone or telegraph companies or any other agencies or their employees. BANK may make use of any of its correspondents or their sub-agents or other agencies in effecting this transfer and disclaims all liability for their acts or omissions, these risks being expressly assumed by the remitter. If payment is to be made upon surrender of documents, securities or papers of any kind, it is understood that BANK or its correspondents shall not be responsible for the validity, genuineness, or authenticity of same, nor for the quality or quantity of property covered thereby. The BANK, in its discretion, may refuse to execute the transfer under any circumstances at any time. The BANK further reserves the right to offset against the balance of any of the account holder's account with the BANK in the event that the wire transfer results in an overdraft from the account to be charged.

X \_\_\_\_\_ Date: \_\_\_\_\_

**Originator/Authorized Signer**

### Originator Information:

Identification Type: \_\_\_\_\_ Identification #: \_\_\_\_\_  
TIN or SSN#: \_\_\_\_\_

### For Internal Use Only

Date:	Time:	Ref#:
Method of Wire Transfer: <input type="checkbox"/> Federal Reserve <input type="checkbox"/> Correspondent Bank; Bank Name _____		
Verification Method Used: <input type="checkbox"/> In Person <input type="checkbox"/> Known <input type="checkbox"/> Call Back <input type="checkbox"/> Sig Card <input type="checkbox"/> Test Key Code		
Wire Input By:	X _____	
Verified and Approved By:	X _____ (2 <sup>nd</sup> Officer Signature if Required)	

### All three verifications below must be answered

Available Balance:	Memo Posted By:	Entries By:
OFAC Verification of Beneficiary Completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Domestic & International Wires)
OFAC Verification of Beneficiary's Bank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	(International Wires Only)
OFAC Verification of Non-Customer Originator	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
(Only used for EXCEPTION should bank ever permit a wire sent by a non-customer)		