

**Bank**

**Funds Transfer Request and Authorization (FTRA)**

Section I: Requestor/Originator Information					
Requestor Name				Date Wire to be Sent 7/13/2011	
Business Name (if applicable)				Telephone #	
Address			City San Francisco	State CA	Zip
Customer ID Type 1	ID#	Issue State/Country CA/USA	Issue Date	Expiration Date 07/06/2012	
Customer ID Type 2	ID#	Issue State/Country	Issue Date	Expiration Date	
Section II: Associate/Accounting Wire					
Associate Name		Phone and Fax #	Unit Co# / CC#	Date 7/12/2011	Time 4:10pm
Callback Required if Phone, Fax or Letter <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A		Name/Number of Person Contacted		Date/Time	
Call Back Completed by:					
Section III: Domestic Wire Information					
Amount of Wire	Debit Account Type (check one) <input type="checkbox"/> CHKG <input type="checkbox"/> SAV <input type="checkbox"/> ICA <input type="checkbox"/> GL		Serial # (For ICA/GL) or Repetitive ID#	Source <input type="checkbox"/> OTC <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Letter	
Account Debit	State		Available Balance \$		
Account Title					
Overdraft Amount \$	Overdraft Approved by (Name & Signature)			Date	Wire Fee \$
Section IV: International Wire Information					
USD Amount of Wire \$ 721.86	Country France	Rate 1.44372800	Foreign Currency Code EUR	Foreign Currency Amount 500.00	
Debit Account Type (check one) <input checked="" type="checkbox"/> CHKG <input type="checkbox"/> SAV <input type="checkbox"/> ICA <input type="checkbox"/> GL		Serial # (For ICA/GL) or Repetitive ID#	FX Reference ID (if applicable)	Source <input checked="" type="checkbox"/> OTC <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Letter	
Account Debit	State CA		Available Balance		
Account Title					
Overdraft Amount \$	Overdraft Approved by (Name & Signature)			Date	Wire Fee \$ 35.00
Section V: Wire Information					
Beneficiary Name			Beneficiary Account # or IBAN (if IBAN, no further Beneficiary Bank information is required) FR76 1007 1060 0000 0010 0538 731		
Agent Comptable UNS					
Beneficiary Address: Street		City Nice Cedex 1	State	Country France	Zip
Beneficiary Bank Name Tresor Public			ABA # or Swift or National ID		
Beneficiary Bank Address Street		City Nice Cedex 1	State	Country France	Zip
Additional Instructions (Attention To, Phone Advise, Customer Reference, Contact Upon Arrival) 941F03 SMITH John					
Send Thru Bank/IBK (if available)			ABA # or Swift or National ID		
Send Thru Bank Address Street		City	State	Country	Zip
Section VI: Customer Approval					
I authorize Bank of America to transfer my funds as set forth in the instructions noted herein (including debiting my account if applicable), and agree that such transfer of funds is subject to the Bank of America standard transfer agreement (see page 2 of this form) and applicable fees. If this is a foreign currency wire transfer, I accept the conversion rate provided in Section IV, or, if no rate is entered, the rate provided by Bank of America at the time the wire transfer is sent.					
Customer's Signature:			Date of Request:		
Section VII: Approval and Wire System Controls					
Signature Verification; Type of account: <input type="checkbox"/> Business (Required for all) <input type="checkbox"/> Personal (Required if \$10,000 or more unless customer is well-known)					
Indicate Method of Signature Verification: <input type="checkbox"/> Signature Card <input type="checkbox"/> Business Resolution <input type="checkbox"/> Posted Check #					
Approval (required field)			BAT Approval Authorization # (if applicable/attach approval)		
Wire Entered by: Name/Signature (attach BFT screen prints) Print: Signature:			BFT System Time	BFT Sequence #	
Date of Entry and Verification	Verified By (Name/Signature) (Attach Verification Screen Print) Print: Signature:			BFT System Time	

Note: Purpose of Wire must be disclosed if sent to an OFAC blocked country - See OFAC in PRO  
93-14-0237NSBW 04-2011