Navy Federal® Request for an International Wire Transfer

| For Office Use Only | | | | | | | |
|---------------------|--|--|--|--|--|--|--|
| Access No. | | | | | | | |
| Savings No. | | | | | | | |

Funds are generally received at the other Financial Institution within five to seven business days. Additional fees may be assessed by the receiving Financial Institution.

| A. Member Information | on | | | | | | | |
|---------------------------------------|---|---------------------|----------------------|-----------------|------------------------------------|----------------|------------------|--------|
| Name: First | MI | Last | | | | Suffix | | |
| | | | | | | | | |
| Home Phone Number Office Phone Number | | | | Date (MM/DD/YY) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| B. Financial Institutio | n Information | | | | | | | |
| Name of Payee's Financial Institution | | | | | SWIFT/BIC* | | | |
| | | | | | | | | |
| Address: City | Country | | | | Name of Primary Correspondent Bank | | | |
| | | | | | WELLS FARGO | | | |
| ABA Number | . <u>. </u> | | | | condary Corres | spondent Bank | | |
| Foreign Currency (121000 | 248 - San Francisco, CA) | USD (026005092 | - New York City, NY) | | | | | |
| | | | | | | | | |
| C. Payee's Informatio | n | | | | | | | |
| Name: First | MI | | Last | | Suffix | Is Payee a 3rd | Party? | |
| | | | | | | Yes | ☐ No | |
| Payee Address: Street | City | | State | | Zip Code | Country | | |
| | | | | | | | | |
| Payee Account Number or IBAN | /CLABE (if applicable)* | | Account Type | Brokerag | e Che | ckina | | |
| | | | Mortgage | Savings | Othe | | | |
| Purpose of Payment* | | | | | | | | |
| | | | | | | | | |
| Remarks (additional wiring instru | uctions)* | | | | | | | |
| | , | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| D. Money Transfer Int | formation | T= :: = | | | | | | |
| Transfer Amount | | Delivery Fee | | | Foreign Cu | rrency | | |
| \$ | | | \$25.00 | | USD | | | |
| | | | | | | | | |
| E. Requester Informa | tion | | | | | | | |
| ☐ Member ☐ AIF | ☐ Joint Owner | Requester's Signatu | ire (if applicable) | | | | | |
| ☐ Other | | • | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| F. For Office Use Only | | | | | | | | |
| Employee Initials | Employee Number | Date (MM/DD/YY) | Did Em | nployee Print F | Pre-Receipt? | Did Employee | e Print Final Re | ceipt? |

*For NFCU Purposes only – Must enter fields in Remarks Section of FedWire Automation Form

