

International Wire Transfer Request P.O. Box 10018 Manhattan Beach, CA 90267

International wires may take 1-3 business days to process.							WALK IN ☐ FAX/EMAIL ☐		
Western offers this service to limited countries. Please ask us for the current list.									
ACCOUNT INFORMATION									
REQUESTOR NAME*					ACCOUNT # *	SHARE ID *			
ADDRESS ON RECORD*					CITY*	ST/ZIP*			
CONTACT PHONE NUMBER* EMAIL ADDRESS**					INTERNATIONAL WIRE FEE \$ 100			EE	
* INFORMATION IN THIS FIELD IS REQUIRED **FOR SECURITY PURPOSES; Western will only communicate with the requestor by email using email address on record.									
WIRE INFORMATION (Select EITHER US Dollar to send or specific Foreign Currency amount to be received). If a US dollar amount is selected, funds will be converted to currency type of the receiving country. Please confirm in the "Foreign Currency Type" box below.									
☐ US DOLLAR	US \$ AMOUNT								
☐ FOREIGN CURRENCY	FOREIGN CURRENCY AMOUNT		FC	FOREIGN CURRENCY TYPE * US \$ EQ			UIVALENT AMOUNT (ACCTNG USE)		
BENEFICIARY INFORMATION									
BENEFICIARY'S BANK NAME*			SWIFT (OR BIC) CODE*						
BANK ADDRESS*			l .	s		ST/ZIP/C0	ST/ZIP/COUNTRY*		
BENEFICIARY'S NAME*			BE	BENEFICIARY'S ACCOUNT # * (IBAN REQUIRED TO ALL			L EUROPEAN BANKS)		
BENEFICIARY'S ADDRESS*									
INTERMEDIARY BANK NAME (OPTIONAL)			SV	SWIFT OR BIC CODE (OPTIONAL)					
INTERMEDIARY BANK ADDRESS		CITY	CITY		ST/ZIP				
* INFORMATION IN THIS FIELD IS REQUIRED DUE TO RECENT FEDERAL REGULATION CHANGES; NO US INTERMEDIARY BANKS WILL BE ACCEPTED.									
ORIGINATOR TO BENEFICIARY INFORMATION (DETAIL OF PAYMENT, INVOICE #, ETC.)									
IMPORTANT INFORMATION									
If the name and account number of a beneficiary and/or name and identifying number of a financial institution are provided, we and other financial institutions may process the payment order (wire transfer) based upon the account number (beneficiary) and/or identifying number (financial institution) alone, even though the number may identify a person or financial institution other than the person or financial institution named.									
You agree to the terms of "Regulations Relating to Fund Transfer" provisions of the Credit Union's Truth-In-Savings Disclosure. You also agree that the Security Procedures contained within, including all call back procedures required by the Credit Union, must be satisfied before the Wire Transfer Request is considered complete.									
MEMBER'S SIGNATURE * Western's enhanced member identification process will communicate with requestor's existing email address on file. For protection and security to your account, recently updated email addresses will not utilized for verification on faxed/emailed requests. For assistance call Western's Contact Center at 877-254-9328 option 4.									
BRANCH USE ONLY									
					BOTH MUST BE CONFIRMED BEFORE SENDING TO OSC)				
			EXPIRATION DATE	SIGNATURE VERIFIED Yes TYPE OF DOCUMENT VERIFIED					
VALID EMAIL ADDRESS ON FILE VERIFIED? Yes ☐ Yes ☐ DATE			IS MEMBER SIGNED UP FOR eSTATEMENTS? Yes *No ☐ If no, member must return in person for final disclosure						
VERIFIED BY (PLEASE PRINT)			EXTENSION		USER#		BRANCH#		
BRANCH MANAGER/SUPERVISOR SIGNATURE				USER#			DATE	GOOD FUNDS	
								Yes No	