

MW TEAF



Funds Transfer Authorization

Wire Type <input checked="" type="checkbox"/> Outgoing <input type="checkbox"/> Incoming <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> International	Date (mm/dd/yyyy) 11/05/2009	Time 3:15 pm	Branch / Department Name Palm City	Cost Center Number 6070120
Source of Request <input checked="" type="checkbox"/> Walk-In *Call Back to Client Required: <input type="checkbox"/> Fax* <input type="checkbox"/> Email* <input type="checkbox"/> Letter* <input type="checkbox"/> Other*				

Client Information / By Order Of	
Client / Business Name Michael Apostol ✓	Requestor (If Business Request) Michael
Street Address (P.O. Box Not Allowed) 5755 SW Ranchito ST	Phone Number 772-419/3091
City Palm City	State FL
Zip Code 34990	Country

Verification of Account Authority and Client Identification				
Method of Account Authority Verification (Check All That Apply)				
<input checked="" type="checkbox"/> Signature Card (Personal)	<input type="checkbox"/> Certificate of Authority (Business)	<input type="checkbox"/> Schedule A	<input type="checkbox"/> Corporate Borrowing Resolution	<input type="checkbox"/> Other
<input type="checkbox"/> Trust Agreement (Trust Department Only) **Source of Funds				
**Must be completed with Client account number (DDA, Loan, Trust, etc.) if GL is checked below.				
Method of Identification				
<input checked="" type="checkbox"/> Primary ID Type / Number fl dl A123553401100 03/2017		<input checked="" type="checkbox"/> Secondary ID MAC 2/11		
<input type="checkbox"/> Other		<input type="checkbox"/> Taxpayer ID Number (Required for non-SunTrust Clients only on an exception basis)		

Transfer Information				
Account Type <input checked="" type="checkbox"/> DEP <input type="checkbox"/> GL**	Debiting Account Number 100074891796 ✓	Transfer Amount \$13,900.00 ✓	<input checked="" type="checkbox"/> U.S. Dollars <input type="checkbox"/> Foreign Currency	
Foreign Currency Type	U.S. Dollar Equivalent	Exchange Rate	Contract Number	In-Bank Caller Repeat Number (If Applicable)

INTERMEDIARY BANK INFORMATION		BENEFICIARY BANK INFORMATION		BENEFICIARY INFORMATION
ABA / SWIFT Code	ABA / SWIFT Code 074001048	Name Richard Lampe ✓		
Bank Name / Branch	Bank Name / Branch Key Bank ✓	Account Number 149372037163 ✓		
Address	Address 2334 Corsican Circle	Address (Required if an account number is not specified)		
City State	City State Westfield IN	City	State	
Country	Country	Country		

For U.S. Dollar-denominated International Payment Order, Client must write "Do Not Convert" to elect a No Conversion Option (See Section 9 on page 2).

Special instructions (further credit information, telephone notifications, etc.)

Client Acknowledgement
I have received, read, and understand the Funds Transfer Authorization with Terms and Conditions. I acknowledge and certify to the accuracy of all the information contained herein and agree to pay the applicable fee plus correspondent bank charges, if any.
Signature: Authorized Client <i>[Signature]</i> Date: 11/5/09

THIS SECTION FOR BANK USE ONLY				
Internal Processing/Verification (BCS Book-Off the Books) / Secondary Approval				
<input checked="" type="checkbox"/> Received By <i>[Signature]</i>	<input type="checkbox"/> Approved/Called In By	<input type="checkbox"/> *Secondary Approval	<input type="checkbox"/> Called In By (IBC)	<input type="checkbox"/> Faxed to Wire Liaison
CWF Operator <i>[Signature]</i>	Wire Liaison (Approval / Call In)	Transaction Number 2009110500011356		
CWF / Internal Call Back By	Call Back To			

Exceptions To Policy (Must Be Completed For All Wires Requested By Fax, Email, Letter or Other Method—Requires Appropriate Approval Authority)			
Client Call Back By (Required for Fax, Email, Letter, Other)	Client Call Back To	Telephone Number	Time
Reason For Exception			Exception Approved By