

State Department

Federal Credit Union

1630 King Street

Alexandria, VA 22314-2745

TRAVELEX FOREIGN CURRENCY WIRE TRANSFER

MEMBER'S ACCOUNT NUMBER: _____

Date: _____

TYPE OF CURRENCY: _____

NAME OF COUNTRY: _____

AMOUNT: _____

MEMBER'S EMAIL ADDRESS: _____

MEMBER'S DAYTIME TEL#: _____

BANK'S INFORMATION:

OVERSEAS BANK NAME

BANK ADDRESS (indicate branch name if applicable)

CITY, STATE, COUNTRY AND ZIP

BENEFICIARY'S INFO:

ACCOUNT NUMBER

NAME (ON BANK ACCOUNT)

ADDRESS

EMAIL ADDRESS FOR NOTIFICATION (IF REQUESTED)

SPECIAL INSTRUCTIONS:

THIS AMOUNT WAS:

_____ DEDUCTED FROM SHARES:

_____ EXCHANGE RATE: AMOUNT \$ _____ WIRE FEES \$ _____ TOTAL _____

MEMBER'S NAME: _____

MEMBER'S ADDRESS: _____

MEMBER'S SIGNATURE: _____ PASSWORD _____ OFAC VER _____

SDFCU EMPLOYEE: _____ EXT: _____ TIME: _____ DATE: _____