

# STIFEL | STIFEL BANK

## Outgoing Domestic Wire Transfer Request

*(Please fax all wire requests to 314-621-0446 no later than 4:00 pm)*

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Originator Data

Sender's Name: \_\_\_\_\_

Sender's Address: \_\_\_\_\_  
\_\_\_\_\_

Account Number to Charge: \_\_\_\_\_

Dollar Amount: \_\_\_\_\_

### Receiving Bank Data:

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

### Beneficiary Bank Data:

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

ABA Rtg No./Acct #: \_\_\_\_\_

### Beneficiary Data:

Beneficiary's Name: \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_  
**(REQUIRED)**  
\_\_\_\_\_

Account Number to Credit: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Sender's Signature: \_\_\_\_\_

Sender's Contact Name & Phone Number: \_\_\_\_\_

### For Bank Use Only (Rev092018)

Entered By: \_\_\_\_\_ Verified By: \_\_\_\_\_ Ref #: \_\_\_\_\_

OFAC: \_\_\_\_\_ Charged: \_\_\_\_\_ Confirmation \_\_\_\_\_ Callback Verified: \_\_\_\_\_