

STIFEL | STIFEL BANK

Outgoing International Wire Transfer Request (Please fax all wire requests to 314-621-0446 no later than 3:00PM)

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: _____

Swift Code: _____

Beneficiary Bank Data:

Institution Name: _____

Institution Address: _____

City, State, Zip: _____

Swift Code/ Account Number: _____

Beneficiary Data:

Beneficiary's Name: _____

Beneficiary's Address: _____

(REQUIRED)

Account Number to Credit:
(Also be a Clabe/IBAN number) _____

Special Instructions: _____

Purpose for Wire (required): _____

Sender's Signature: _____

Contact Name & Phone Number: _____

For Bank Use Only			
Entered By: _____	Verified By: _____	Ref #:	_____
OFAC: _____	Charged: _____	Confirmation	Callback Verified: _____