



30-50 Whitestone Expressway
Ste. A301, Flushing, NY 11354
Client Services: (800) 869-8800
From Overseas: (718) 961-6600

International Wire Request Form

Firsttrade Account Number:

Firsttrade Account Name:

Daytime Telephone Number:

Wire Amount: USD \$ _____

*The name of the beneficiary must match the name on the Firsttrade account.

* We may contact you to verify information prior to processing the request for security reasons.

1. **Beneficiary Information:** (This is the ultimate recipient of the wire transfer funds.)

Beneficiary: _____

Beneficiary Account Number (or IBAN #): _____

Beneficiary Address, City State, Zip, Country: _____
(Required)

2. **Beneficiary Bank Information:** (This is the financial institution where the beneficiary maintains their account.)

Beneficiary Bank Name: _____

Bank Routing Transfer Number (ABA#) or SWIFT code: _____

International Sort Code: (required if Canada or UK): _____

Beneficiary Bank City State, Zip, Country: _____
(Required)

3. **Intermediary Bank Information:** (This is the financial institution that the wire must pass through before reaching the final beneficiary bank.) This section is OPTIONAL and not required.

Intermediary Bank Name: _____

Intermediary Bank ABA number or SWIFT code: _____

4. **Customer Authorization:**

Reason for Transfer: _____

Account Holder Signature: _____

Joint Account Holder Signature: _____

Date: _____

Date: _____

I agree to hold all parties acting on this request, including the introducing broker and Apex clearing Corporation, and their respective agents and employees (hereafter, collectively, "the parties") harmless from any and all claims, demands, proceedings, suits, and actions and all liabilities, losses and expenses including without limitation those asserted by me, associated with actions taken by the parties due to instructions received from me in this request.

Notary Required for Third Party Wires:

Notary Signature: _____

Notary Seal: _____

FOR INTERNAL USE ONLY

Signature Verified: _____

Approved by: _____

Telephone Confirmation: _____

Processed By: _____

Processed Date: _____

Registered Principal Approval: Name _____ Signature: _____ Date: _____

Compliance Officer Approval: Name _____ Signature: _____ Date: _____