

Letter of Authorization

Domestic Wire Transfer

(For retirement distributions, also include the appropriate distribution form.)

CLIENT INFORMATION

Account Number _____ Account Type 1 2

Account Title _____

INSTRUCTIONS

One-Time

Amount to be wired \$ _____

Standing Instructions (*Standing LOAs are good for 12 months from date LOA is signed*)

Amount to be wired \$ _____

Various amount not to exceed \$ _____ (Per transaction)

WIRE FUNDS TO:

Bank Name: _____

Bank Location (city and state): _____

Routing Number/ABA # (9 digits): _____

Beneficiary Name (account title at bank): _____

Beneficiary Account Number: _____

Additional information (e.g references, attention names, for further credit): _____

CLIENT SIGNATURES

Client Name (please print)

Client Name (please print)

Authorized Client Signature

Date

Authorized Client Signature

Date

CORRESPONDENT FIRM ATTESTATION

In order to be processed, this request form must be signed by a Firm Authorized Signer or notarized. The undersigned Firm Authorized Signer hereby represents and warrants that the signature(s) of the person(s) signing above on behalf of the account is/are genuine and that such signer(s) is/are an authorized party with capacity and authority to bind the account, and agrees that the Firm will indemnify RBC Correspondent Services for any action taken in reliance on the above representations and warranties.

Firm Authorized Signer Name (please print)

Firm Authorized Signer Signature

Date

Place notary here, if required



RBC Correspondent Services