

# Letter of Authorization

## International Wire Transfer

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

### CLIENT INFORMATION

Account Number \_\_\_\_\_ Account Type  1  2

Account Title: \_\_\_\_\_

### INSTRUCTIONS

**One-Time**

US Dollar Wire request: Amount to be wired \$ \_\_\_\_\_

Foreign Currency request: Amount to be wired \$ \_\_\_\_\_  USD  FX Currency: \_\_\_\_\_

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

US Dollar Wire request: Amount to be wired \$ \_\_\_\_\_

Foreign Currency request: Amount to be wired \$ \_\_\_\_\_  USD  FX Currency: \_\_\_\_\_

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

### WIRE FUNDS TO:

Foreign Bank Name: \_\_\_\_\_ Country: \_\_\_\_\_

Foreign Bank SWIFT Code: \_\_\_\_\_ International Routing Code: \_\_\_\_\_  
(required 8-11 digits) (see list of required countries)

US Correspondent Bank Name (if known): \_\_\_\_\_ ABA/SWIFT: \_\_\_\_\_

Beneficiary Bank Account Title: \_\_\_\_\_

Beneficiary Account Number/IBAN/CLABE: \_\_\_\_\_

(IBAN is **required** in E.U., Israel, Norway & Switzerland; CLABE is 18 digits and required in Mexico)

Beneficiary Country (**required**) : \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

(**required** for some countries, refer to Country list)

Additional information (e.g references, attention names, for further credit, purpose of wire, purpose of wire): \_\_\_\_\_

### 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