

| | | | |
|-------|--|--------|--|
| Date: | | GCI #: | |
|-------|--|--------|--|

| | |
|---------------------------|--|
| Submitting Employee Name: | |
|---------------------------|--|

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|--------------------|--|
| Client Legal Name: | |
|--------------------|--|

| | |
|-----------------|--|
| Account Number: | |
|-----------------|--|

| | |
|-----------|--|
| Comments: | |
| | |
| | |

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Repetitive Template Standing Order Transfer Authorization - Exhibit B |
| <input checked="" type="checkbox"/> | Wire Transfer Debit Authorization - Exhibit D |
| <input type="checkbox"/> | Wire Transfer SWIFT Advices - Exhibit I |
| <input type="checkbox"/> | Wire Transfer Client Profile Request |

SBS & GWIM associates: Email to Wire Technical Implementation at Special WTX Intl Requests Only special_wtx_intl_requests_only@bofa.com.

Wire Transfer Debit Authorization – Exhibit D

(Authorization for Incoming Fedwire Drawdown, SWIFT MT101, MT103, MT202)

DATE: _____ GCI #: _____

SUBMITTING EMPLOYEE NAME: _____

BANK OF AMERICA / CLIENT ACCOUNT TO BE DEBITED
 CLIENT LEGAL NAME/ACCOUNT TITLE _____

ACCOUNT NUMBER _____ STATE _____

| | | | |
|-----------|------------------------------|---------------------------------|---|
| 1. | <input type="checkbox"/> Add | <input type="checkbox"/> Delete | Limit per Transaction (Optional-if left blank, Unlimited) \$ _____ |
|-----------|------------------------------|---------------------------------|---|

SENDER BANK (REQUESTOR/CLIENT NAME)

| | | |
|--------------------------|---------------------------------|---|
| <input type="checkbox"/> | REQUIRED FIELD FEDWIRE ABA # | BANK or COMPANY NAME (Company Name only applies to SWIFT BIC) |
| <input type="checkbox"/> | SWIFT BIC | |

CREDIT ACCOUNT (Required if Fedwire ABA Number provided above)

| | |
|----------------------------------|--------------------------------|
| BENEFICIARY ACCOUNT NUMBER _____ | BENEFICIARY ACCOUNT NAME _____ |
|----------------------------------|--------------------------------|

| | | | |
|-----------|------------------------------|---------------------------------|---|
| 2. | <input type="checkbox"/> Add | <input type="checkbox"/> Delete | Limit per Transaction (Optional-if left blank, Unlimited) \$ _____ |
|-----------|------------------------------|---------------------------------|---|

SENDER BANK (REQUESTOR/CLIENT NAME)

| | | |
|--------------------------|---------------------------------|---|
| <input type="checkbox"/> | REQUIRED FIELD FEDWIRE ABA # | BANK or COMPANY NAME (Company Name only applies to SWIFT BIC) |
| <input type="checkbox"/> | SWIFT BIC | |

CREDIT ACCOUNT (Required if Fedwire ABA Number provided above)

| | |
|----------------------------------|--------------------------------|
| BENEFICIARY ACCOUNT NUMBER _____ | BENEFICIARY ACCOUNT NAME _____ |
|----------------------------------|--------------------------------|

| | | | |
|-----------|------------------------------|---------------------------------|---|
| 3. | <input type="checkbox"/> Add | <input type="checkbox"/> Delete | Limit per Transaction (Optional-if left blank, Unlimited) \$ _____ |
|-----------|------------------------------|---------------------------------|---|

SENDER BANK (REQUESTOR/CLIENT NAME)

| | | |
|--------------------------|---------------------------------|---|
| <input type="checkbox"/> | REQUIRED FIELD FEDWIRE ABA # | BANK or COMPANY NAME (Company Name only applies to SWIFT BIC) |
| <input type="checkbox"/> | SWIFT BIC | |

CREDIT ACCOUNT (Required if Fedwire ABA Number provided above)

| | |
|----------------------------------|--------------------------------|
| BENEFICIARY ACCOUNT NUMBER _____ | BENEFICIARY ACCOUNT NAME _____ |
|----------------------------------|--------------------------------|

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|-----------|------------------------------|---------------------------------|---|
| 4. | <input type="checkbox"/> Add | <input type="checkbox"/> Delete | Limit per Transaction (Optional-if left blank, Unlimited) \$ _____ |
|-----------|------------------------------|---------------------------------|---|

SENDER BANK (REQUESTOR/CLIENT NAME)

| | | |
|--------------------------|---------------------------------|---|
| <input type="checkbox"/> | REQUIRED FIELD FEDWIRE ABA # | BANK or COMPANY NAME (Company Name only applies to SWIFT BIC) |
| <input type="checkbox"/> | SWIFT BIC | |

CREDIT ACCOUNT (Required if Fedwire ABA Number provided above)

| | |
|----------------------------------|--------------------------------|
| BENEFICIARY ACCOUNT NUMBER _____ | BENEFICIARY ACCOUNT NAME _____ |
|----------------------------------|--------------------------------|

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|-----------|------------------------------|---------------------------------|---|
| 5. | <input type="checkbox"/> Add | <input type="checkbox"/> Delete | Limit per Transaction (Optional-if left blank, Unlimited) \$ _____ |
|-----------|------------------------------|---------------------------------|---|

SENDER BANK (REQUESTOR/CLIENT NAME)

| | | |
|--------------------------|---------------------------------|---|
| <input type="checkbox"/> | REQUIRED FIELD FEDWIRE ABA # | BANK or COMPANY NAME (Company Name only applies to SWIFT BIC) |
| <input type="checkbox"/> | SWIFT BIC | |

CREDIT ACCOUNT (Required if Fedwire ABA Number provided above)

| | |
|----------------------------------|--------------------------------|
| BENEFICIARY ACCOUNT NUMBER _____ | BENEFICIARY ACCOUNT NAME _____ |
|----------------------------------|--------------------------------|

Mail Advice*: Will be provided unless boxes checked below:

- I do not wish to receive Debit mail advices.
 I do not wish to receive Credit mail advices.

*For consumer and small business customers who selected paperless delivery for their deposit account documents, this advice will be provided through Online Banking. If you check the boxes above, you will not receive your wire advice via Online Banking.

Address for Mail Advices: *Not required if statement address should be used*

Address: _____

Address: _____

City, State, Zip: _____

Applicable Wire Transfer Services

| Applicability | Wire Transfer Service Authorization – Exhibit Name | # Exhibits of this type, if more than 1. |
|-------------------------------------|---|--|
| <input type="checkbox"/> | Repetitive Template & Standing Order Transfer Authorization – Exhibit B | |
| <input checked="" type="checkbox"/> | Wire Transfer Debit Authorization – Exhibit D | |
| <input type="checkbox"/> | Wire Transfer Swift Advices – Exhibit I | |
| <input type="checkbox"/> | Wire Transfer Client Profile Request | |

Client Agreement

Client hereby agrees to this Wire Transfer Service Authorization and each of the applicable Exhibits, indicated above, the provisions of which Exhibits are incorporated herein by reference, and made a part hereof and of this wire transfer service authorization package (collectively, this "Authorization").

Client agrees that any and all of the security procedures described in the Exhibits are commercially reasonable for the type, size and frequency of payment orders normally issued by Client to Bank of America, N.A. ("Bank"), including after taking into account any alternative security procedures known to Client.

Client indemnifies Bank against any and all liabilities, claims, expenses, including attorney fees and litigation costs, and damages of any nature arising out of or relating to disputes and legal actions relating to this Authorization.

Client represents and warrants that (a) Client has all necessary power and authority, and the Authorized Representative, identified in the signature block below, has all necessary power and authority, to execute and deliver this Authorization for and on behalf of Client, (b) Client may execute this Authorization, by manual or electronic signature and (c) Client has duly executed and delivered this Authorization.

This Authorization shall be governed by and interpreted according to the law of the State of New York, without reference to principles of conflicts of law other than those applying the substantive law of such State as the rule of decision, subject to any supervening United States federal law, rule or regulation applicable to a national banking institution.

Client may manually or electronically sign, or physically or electronically deliver, this Authentication, as Bank may, in its discretion, accept. Client's execution of this Authorization form, below, alone, shall be deemed Client's execution of, and agreement to, all Exhibits.

I, the Authorized Representative, identified below, am duly authorized to execute and deliver this Authorization on behalf of Client, and, to the best of my knowledge, the information contained in this Authorization, including its Exhibits, is true, complete and correct.

| | | | |
|--|--|---------------|--|
| Printed Name of Client's Authorized Representative: | | Title: | |
|--|--|---------------|--|

Manual and/or Electronic Signature of Authorized Representative:

Date Signed: