

Interoffice
Memorandum

FAX: 212-670-0566

Merrill Lynch
Professional Clearing Corp.

To: ML Pro Margin Dept
At: 222 Broadway-6th Floor
NY, NY 10038

From:
At:
Tel:
Date:

Subject: **Wire Funds Transfer Request**

DEBIT TYPE: WCK

Chase Line #: _____

Transfer Amount: _____

Debit New ML Pro A/c: _____

| |
|--|
| Funds Processing Use Only: SEQ #: _____ Approved By: _____ |
|--|

Wire to: (all information must bet filled in)

Bank Name: _____

City / State: _____

Bank ABA #: _____

Bnf Account #: _____

Bnf Name: _____
(Beneficiary)

Sub-Account #: _____

Sub A/c Name: _____

Reference: _____
(Existing Group/Account Acronym; e.g. ABCD / ABC4E)

| |
|---------------|
| Equity: _____ |
| Reg T. _____ |
| Haircut _____ |

Attention (if required): _____

Charge Wire Fee (ML Use Only) NO _____ YES _____ \$ _____

**Authorized
Customer Approval**
(signature) _____

**Authorized
Customer Approval**
(print) _____

Approved By
(signature) _____

Approved By
(print) _____

Approved By
(signature) _____

Approved By
(print) _____

Approved By
(signature) _____

Approved By
(print) _____