

Incoming International Wires - Branch Checklist

Servus Credit Union is required by law to gather specific information for international wire transfers.

To receive an international wire, please complete the checklist below, in full, and bring it to your nearest Servus Credit Union branch. Please complete ALL fields on the form.

- Information in **RED** is mandatory. We will not be able to complete your request if this information is missing.
- All other fields in **BLACK** are reasonable efforts, meaning if you're unable to provide any of the remaining information, indicate why you're unable to provide it. Please do not leave any field blank.

About the sender (if it is a person):

| Required Information | Please complete |
|--|-----------------|
| Sender's first name | |
| Sender's middle name | |
| Sender's last name | |
| Sender's alias if applicable | |
| Sender's date of birth (dd-mmm-yyyy) | |
| Sender's full physical address (no P.O. boxes) | |
| Sender's city/town/village | |
| Sender's province/state/territory | |
| Sender's postal code/zip code | |
| Sender's country of residence | |
| Sender's email address | |
| Sender's telephone number | |
| Sender's occupation | |
| Sender's employer | |
| Sender's account number | |
| Sender's identification type | |
| Sender's identification number | |
| Jurisdiction and country of issue of requestor's identification | |

About the sender (if it is an entity):

| Required Information | Please complete |
|---|-----------------|
| Sender's full legal name | |
| Sender's physical address (no P.O. boxes) | |
| Sender's city/town/village | |
| Sender's province/state/territory | |
| Sender's postal code/zip code | |
| Sender's country of residence | |
| Sender's telephone number | |
| Sender's nature of principal business | |
| Sender's account number | |
| Name of each person — up to three — who are authorized to act with respect to the entity | |
| Type of document or other information used to identify the entity, number of document or number associated with information | |
| Jurisdiction and country of issue of document or other information | |

About the sending financial institution:

| Required Information | Please complete |
|--|-----------------|
| Sender's Financial Institution name | |
| Financial Institution address and one of the following: <ul style="list-style-type: none"> • ABA/Routing Number (USA), SWIFT Code can also be provided if available, or • BIC/SWIFT Code or Sort Code (8-11 characters) as well as <ul style="list-style-type: none"> ○ IBAN (United Kingdom, European Union & United Arab Emirates) ○ Clabe (Mexico) <p>Specific countries may have further requirements to send the wire.</p> | |



About the intermediary bank:

The sending bank will provide this information to your wire sender where currency being sent is foreign to the receiving country.

| Required Information | Please complete |
|--|-----------------|
| Full name of Intermediary bank/financial institution | |
| Full address, including City & Country | |
| Intermediary Bank SWIFT Code/BIC Code (8-11 characters long) | |

About the requestor (if it is a person different than the sender):

If the individual who is requesting initiation of the wire is different than the sender, then we must capture the information for that individual. This may be an individual who is acting on behalf of the company who is sending you funds.

| Required Information | Please complete |
|---|-----------------|
| Requestor's first name | |
| Requestor's middle name | |
| Requestor's last name | |
| Requestor's physical address (No P.O. boxes) | |
| Requestor's city/town/village | |
| Requestor's state/province/territory | |
| Requestor's country | |
| Requestor's email address | |
| Requestor's birth date (dd-mmm-yyyy) | |
| Requestor's occupation | |
| Requestor's employer | |
| Requestor's phone number | |
| Requestor's account number (if a member) | |
| Requestor's identification type | |
| Requestor's identification number | |
| Jurisdiction and country of issue of requestor's identification | |



About you (the beneficiary) if a person:

| Required Information | Please complete |
|--|-----------------|
| Beneficiary's first name | |
| Beneficiary's middle name | |
| Beneficiary's last name | |
| Beneficiary's alias if applicable | |
| Beneficiary's full physical address (No P.O. Boxes) | |
| Beneficiary's city/town/village | |
| Beneficiary's state/province/territory | |
| Beneficiary's country | |
| Beneficiary's email address | |
| Beneficiary's telephone number | |
| Beneficiary's birth date (dd-mmm-yyyy) | |
| Beneficiary's occupation | |
| Beneficiary's employer | |
| Beneficiary's identification type | |
| Beneficiary's identification number | |
| Jurisdiction and country of issue of requestor's identification | |

About you (the beneficiary) if an entity:

| Required Information | Please complete |
|--|-----------------|
| Beneficiary's full legal name | |
| Beneficiary's full physical address (No P.O. Boxes) | |
| Beneficiary's city/town/village | |
| Beneficiary's state/province/territory | |
| Beneficiary's country | |
| Beneficiary's email address | |
| Beneficiary's telephone number | |
| Beneficiary's nature of principal business | |



Name of each person — up to three — who are authorized to act with respect to the entity

Registration or incorporation number, jurisdiction and country of issue of that number

Is this wire being sent or received on behalf of a Third Party? (Please check yes or no)

YES

NO

"Are you acting on your own behalf, or on someone else's instructions?"

"Were you told to conduct this transaction by someone other than yourself?"

If you selected Yes, please complete the applicable fields below with information on the third party. If no, leave this section blank.

About the third party (if it is a person):

| Required Information | Please complete |
|---|-----------------|
| Third Party's first name | |
| Third Party's middle name | |
| Third Party's last name | |
| Third Party's alias if applicable | |
| Third Party's full physical address | |
| Third Party's city/town/village | |
| Third Party's state/province/territory | |
| Third Party's postal code/zip code | |
| Third Party's country | |
| Third Party's occupation | |
| Third Party's employer | |
| Third Party's date of birth (dd-mmm-yyyy) | |
| Third Party's identification type | |
| Third Party's identification number | |
| Jurisdiction and country of issue of third party's identification | |
| Relationship to sender and/or beneficiary | |



About the third party (if it is an entity):

| Required Information | Please complete |
|--|-----------------|
| Third Party full legal name | |
| Third Party's full physical address | |
| Third Party's city/town/village | |
| Third Party's state/province/territory | |
| Third Party's postal code/zip code | |
| Third Party's country | |
| Third Party's nature of principal business | |
| Names of up to three individuals who are authorized to act with respect to the beneficiary account | |
| Registration or incorporation number, jurisdiction and country of issue of that number | |
| Relationship to sender and/or beneficiary | |

