

DATE 5-8-12

1. ACCOUNT INFORMATION

DEBIT ACCOUNT NUMBER 6050023212	ORIGINATOR ACCOUNT TITLE La Jolla Sunrise Rotary Foundation
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2. WIRE AMOUNT (Select either U.S. Dollar or Foreign Currency) Can this wire be sent in Foreign Currency? ☐ Yes ☒ No

<input checked="" type="checkbox"/> U.S. Dollar	U.S. (\$) AMOUNT 6 4 5 4 8 0 0	VALUE DATE (OPTIONAL) 5-8-12
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or

<input type="checkbox"/> Foreign Currency	FOREIGN CURRENCY TYPE	FOREIGN CURRENCY AMOUNT (Decimals if applicable)	VALUE DATE (OPTIONAL)
Foreign Currency Calculation	FX TRADER CONTRACT NUMBER	EXCHANGE RATE	U.S. \$ EQUIVALENT AMOUNT

3. REPETITIVE PAYMENT (Sections 4, 5, and 6 are optional)

REPETITIVE PAYMENT/ID NUMBER	BANK USE ONLY CALCULATED BY (Employee No.)	CALCULATION VERIFIED BY (Employee No.)
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4. BENEFICIARY INFORMATION

ACCOUNT NUMBER (CLABE/IBAN FOR INTERNATIONAL CUSTOMERS)* 11574345	BENEFICIARY NAME* Chain Of Hope	*Information in this field is required.	
ADDRESS South Parade	CITY* Chelsea London	STATE SW36NP	COUNTRY* England
<input type="checkbox"/> All charges to sender (other fees may apply) (International destinations)		†Mexican banks requires the CLABE account number in the beneficiary instructions to ensure correct payment. For European banks, the IBAN is required. Insufficient beneficiary information may result in delays and/or additional fees if the Beneficiary or Intermediary Bank returns the wire.	

5. PAY THROUGH/INTERMEDIARY BANK (Optional)

ABA NUMBER/SWIFT BANK CODE/OTHER	BANK NAME
ADDRESS	CITY STATE COUNTRY

6. BENEFICIARY BANK

ABA NUMBER/SWIFT BANK CODE/OTHER* BIC :LOYDGB21152	NAME* LLOYDS TSB (USD Account)	*Information in this field is required.	
ADDRESS Chelsea Branch, 164 kings RD	CITY* Chelsea, London	STATE SW3 4UR	COUNTRY* England

7. ADDITIONAL/OTHER BENEFICIARY INFORMATION (OBI)

140 CHARACTERS MAXIMUM

8. PURPOSE OF THE WIRE

DESCRIBE THE PURPOSE OF THE WIRE (for example, "Purchase Real Estate", etc.). NOTE: This information will NOT be included in the Wire Instructions.

Purchase Medical Equipment

9. CUSTOMER ACKNOWLEDGEMENT AND APPROVAL

By signing below, I acknowledge that I have received a copy of the Master Funds Transfer Agreement and that I approve this Funds Transfer Order.

SIGNATURE-ORIGINATOR 	DATE 05-08-12
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BANK USE ONLY

1. INITIATION			
<input type="checkbox"/> Telephone <input type="checkbox"/> Fax	ACCEPTED BY/PREPARED BY (Initials and Employee No.) 12631	FOR TELEPHONE: NAME OF CUSTOMER CALLER	<input type="checkbox"/> Verified to FTA <input checked="" type="checkbox"/> No FTA
<input type="checkbox"/> Delivered <input checked="" type="checkbox"/> In-Person			
2. AUTHENTICATION (Minimum two authentications are required)			
ICI IDENTIFICATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SIGNATURE VERIFY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	KBA CODE (13 characters) BoA Visa 2-14 CADL	PRIMARY IDENTIFICATION TYPE E0707678
PERSON AUTHENTICATED (Name) Richard Wildman		PRIMARY ID EXPIRATION DATE 2-27-14	Authentication has been performed as outlined in Bank Policy BPM-2002 12631
3. CALL BACK (Call Back must be completed by someone other than the Acceptor/Preparer)			
CALLED BACK BY (Initials and Employee No.)		CALLED BACK TO (Name)	CALL BACK NUMBER
			<input type="checkbox"/> Validated Call Back Number same as on FTA
4. BRANCH APPROVAL (Required)		APPROVAL SIGNATURE	
APPROVER'S ID NUMBER			
5. ADDITIONAL APPROVAL on Exception Wires		Division/Area Approval Required if:	
<input type="checkbox"/> Over Limit <input type="checkbox"/> Callback Exception		<input type="checkbox"/> Documentation Exception	
APPROVAL SIGNATURE		APPROVER'S ID NUMBER	
6. MTX/AIX INFORMATION			
TRN	INPUT BY	RELEASED BY	HIGH AMOUNT VERIFIED BY