

FOR BANK USE ONLY			
BRANCH NO.	PREFIX	TEST KEY	DATE
			TIME

TRANSFER TYPE:

WIRE
 CABLE
 DRAFT
 Mail to Customer
 Mail to Payee
 Send to Branch

REP SIGNATURES (Complete appropriate boxes):

KEY	MODIFY	MODIFY	APPROVE
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IF TRANSFERRING FOREIGN CURRENCY:

CONTRACT NO	VALUE DATE	CONVERSION RATE	CONVERTED BY (Initials)
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TRANSFER AMOUNT (FOR BANK USE ONLY)

FOREIGN CURRENCY (Type and Amount)	TRADER'S NAME	U.S. DOLLARS	\$ 52,500.00
<i>NOTE:</i>		ADDITIONAL FEES	\$
<ul style="list-style-type: none"> • Foreign currency amount multiplied by the exchange rate = U.S. dollar Amount. • U.S. Dollar amount divided by the exchange rate = Foreign Currency Amount. 		TOTAL AMOUNT	\$

METHOD OF PAYMENT:

DEBIT ACCOUNT NO.	DEBIT BRANCH/DEPT. NO.
██████████	717
NAME/ACCOUNT TITLE	
J. Epstein Virgin Islands Foundation	
MAILING ADDRESS:	
6100 RED HOOK QTR. B3	
PHYSICAL ADDRESS:	
SAME	
CITY, STATE, ZIP CODE, COUNTRY	
ST. THOMAS, VI, 00802-1348, USA	
TO: PAYEE/BENEFICIARY'S BANK	
BANK CODE	
021001033	
BANK NAME	
DEUTSCHE BANK	
ADDRESS	
345 Park Avenue,	
CITY, STATE, ZIP CODE, COUNTRY	
NEW YORK, NY 10154	
ORIGINATOR REFERENCE:	

INTERMEDIARY CORRESPONDENT BANK: (If necessary)

ABA ROUTING NO./SWIFT CODE
BANK NAME
ADDRESS
CITY, STATE, ZIP CODE, COUNTRY
FOR: PAYEE/ACCOUNT OF ULTIMATE BENEFICIARY
ACCOUNT NO.
██████████
NAME/ACCOUNT TITLE
J. Epstein Virgin Islands Foundation, Inc.
ADDRESS
6100 RED HOOK QTR B3
CITY, STATE, ZIP CODE, COUNTRY
ST. THOMAS, VI 00802
BENEFICIARY REFERENCE:

SPECIAL INSTRUCTIONS: (Optional)

THE UNDERSIGNED AGREES TO THE CONDITIONS ON THE REVERSE SIDE OF THIS APPLICATION.

CUSTOMER'S TELEPHONE NO. (██████████)	DATE OF APPLICATION: 9/2/2016
Customer's Signature	Customer's Signature (If Applicable)

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CUSTOMER'S TRANSFER REQUEST: (Complete appropriate boxes)

<input type="checkbox"/> FAX <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> MAIL/MESSENGER	I.D. USED (Do not leave blank)	<input type="checkbox"/> Telephone/Fax agreement on file <input type="checkbox"/> One time only transaction <input type="checkbox"/> Hold placed
<input type="checkbox"/> CALL-BACK IF OVER \$ LIMIT: <input type="checkbox"/> By _____ <input type="checkbox"/> Spoke to _____ <input type="checkbox"/> Time _____		
TAKEN IN BY (Print Name)	INITIALS	TEST KEY CALCULATED BY (If different than taken in by)
BRANCH AUTHORIZED SIGNER (Print Name)	INITIALS	
BRANCH TELEPHONE NO.: () -	BRANCH AUTHORIZED SIGNATURE	