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1 First  
Bank  
Transfer Application  
FOR BANK USE ONLY  
BRANCH NO.  
PREFIX  
TEST KEY  
DATE  
TIME  
TRANSFER TYPE:  
H WIRE  CABLE  DRAFT  
 Mail to Customer  
 Mail to Payee  
 Send to Branch  
REP SIGNATURES (Complete appropriate boxes);  
KEY  
MODIFY  
MODIFY  
APPROVE  
IF TRANSFERRING FOREIGN CURRENCY:  
CONTRACT NO  
VALUE DATE  
CONVERSION RATE  
CONVERTED BY (Initials)  
TRANSFER AMOUNT (FOR BANK USE ONLY)  
FOREIGN CURRENCY (Type and Amount)  
TRADER'S NAME  
52,500.00  
U.S. DOLLARS  
\$  
NOTE:  
• Foreign currency amount multiplied by the exchange rate = U.S. dollar  
Amount.  
\* U.S. Dollar amount divided by the exchange rate = Foreign Currency Amount.  
\$  
ADDITIONAL FEES  
\$  
TOTAL AMOUNT  
METHOD OF PAYMENT;  
INTERMEDIARY CORRESPONDENT BANK: (If necessary)  
DEBIT ACCOUNT NO.  
DEBIT BRANCH/DEPT. NO.  
717  
ABA ROUTING NO/SWIFT CODE  
717-1-018893  
NAME/ACCOUNT TITLE  
J. Epstein Virgin Islands Foundation

BANK NAME

MAILING ADDRESS:

ADDRESS

6100 RED HOOK QTR. B3

PHYSICAL ADDRESS:

SAME

CITY, STATE, ZIP CODE, COUNTRY

CITY, STATE, ZIP CODE, COUNTRY

ST. THOMAS. VI, 00802-1348, USA

TO: PAYEE/BENEFICIARY'S BANK

FOR: PAYEBACCOUNT OF ULTIMATE BENEFICIARY

ACCOUNT NO.

BANK CODE



BANK NAME

NAME/ACCOUNT TITLE

J. Epstein Virgin Islands Foundation, Inc.

DEUTSCHE BANK

ADDRESS

345 Park Avenue

ADDRESS

6100 RED HOOK QTR B3

CITY, STATE, ZIP CODE, COUNTRY

CITY, STATE, ZIP CODE, COUNTRY

ST. THOMAS, VI 00802

NEW YORK, NY 10154

ORIGINATOR REFERENCE:

BENEFICIARY REFERENCE:

SPECIAL INSTRUCTIONS: (Optional)

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

CUSTOMER'S TELEPHONE NO ^>- ^

9/2/2016

DATE OF APPLICATION:

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Customers Signature ///AppfcabfeJ

FOR BANK USE ONLY

CUSTOMER'S TRANSFER REQUEST: (Complete appropriate boxes)

FAX  IN PERSON  PHONE  MAIL/MESSENGER

I.D. USED (Do n<^ leave blank) 1"! Teleohone/Fax agreement on file

\_\_\_\_\_ n One time only transaction

\_\_\_\_\_ n Hold placed

CALL-BACK IF OVER \$ LIMIT;

fly

I I Spoke to

I I Time

TAKEN IN BY {Print Name)

INITIALS

TEST KEY CALCULATED BY (If different than taken in by) INITIALS

BRANCH AUTHORIZED SIGNER (Print Name)

BRANCH TELEPHONE NO.: ( )

BRANCH AUTHORIZED SIGNATURE

NNNN-2196-1206R

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