



OUTREMSG001

APPLICATION FOR TELEGRAPHIC TRANSFER

Please complete form clearly in ENGLISH & BLOCK LETTERS.

DATE: . . . / . . . / . . .
D D M M Y Y Y Y**APPLICANT'S DETAILS**

APPLICANT'S NAME:

ADDRESS:

REMITTANCE DETAILS

CURRENCY:

USD



AMOUNT:

FX CONTRACT/DEAL NO.:

BENEFICIARY'S DETAILS (Name & Address should not exceed 140 characters)

BENEFICIARY'S NAME: TD AMERITRADE CLEARING INC.

BENEFICIARY'S ACCOUNT NUMBER OR IBAN (Please provide IBAN for payments to Europe or other countries where IBAN is required.)

4.1.2.3.2.1.4.5.6.1.

BENEFICIARY'S ADDRESS: 200 SOUTH 108TH AVE, OMAHA , NE 68154-2631

BENEFICIARY BANK'S DETAILS (Name & Address should not exceed 140 characters)

BENEFICIARY BANK'S SWIFT BIC:

W.F.B.I.U.S.6.S.

BENEFICIARY BANK'S NAME:

WELLS FARGO BANK, NA

BENEFICIARY BANK'S ADDRESS:

420 MONTGOMERY STREET, SAN FRANCISCO, CA 94104

BENEFICIARY BANK'S CITY:

SAN FRANCISCO

COUNTRY: UNITED STATES

NATIONAL CLEARING CODE:

NUMBER:

CHIPS UID / Fedwire No.(USA), Bank Sort Code (UK), BSB No. (Australia) etc

OPTIONAL - INTERMEDIARY BANK'S DETAILS (To indicate if any)

INTERMEDIARY BANK'S SWIFT BIC:

INTERMEDIARY BANK'S NAME:

INTERMEDIARY BANK'S CITY:

COUNTRY:

NATIONAL CLEARING CODE:

NUMBER:

CHIPS UID / Fedwire No.(USA), Bank Sort Code (UK), BSB No. (Australia) etc

PAYMENT DETAILS/PURPOSE OF PAYMENT (Mandatory for remittance to China, Sri Lanka, Thailand & Vietnam. Maximum 140 characters)

NRIC NAME:

995007389 / TOS ACCT NO.: 220XXXXXX

YOUR ADDRESS:

CHARGES (Please select ONE Option only. If no option is selected, SHA will apply)☐ SHA - UOB/FEB Singapore Bank Charges paid by Applicant☒ OUR - Local & Overseas Bank Charges paid by Applicant☐ BEN - Local & Overseas Bank Charges paid by Beneficiary**DEBITING UOB/FEB ACCOUNT**

ACCOUNT NUMBER:

SIGNATURE(S) (Please sign within the box)

I/We agree that you may at your discretion confirm this application with me/us before acting on it. I/We have read, understood and hereby agree to be bound by the Terms & Conditions Governing the Application for Telegraphic Transfer (copies available at uob.com.sg) as may be amended by the Bank from time to time.

SPECIAL INSTRUCTIONS FOR UOB/FEB (To indicate if any)**FOR BANK USE**

Signature Verified by:

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Name:

Staff ID:

LAN ID:

SD: ☐

VL Details

Staff Name:

Date:

Time:

Ext:

Confirmed With/By:

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Name:

Staff ID:

LAN ID:

Branch Ref./Remarks:

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