



30-50 Whitestone Expressway
 Ste. A301, Flushing, NY 11354
 Client Services: (800) 869-8800
 From Overseas: (718) 961-6600

Domestic Wire Request Form

Firsttrade Account Number: _____ **Firsttrade Account Name:** _____ **Daytime Telephone Number:** _____

Wire Amount: USD \$ _____

*The name of the beneficiary must match the name on the Firsttrade account.
 * We may contact you to verify information prior to processing the request for security reasons.

1. Beneficiary Information: (This is the ultimate recipient of the wire transfer funds.)
Beneficiary: _____
Beneficiary Account Number (or IBAN #): _____
Beneficiary Address, City State, Zip, Country: _____
(Required)

2. Beneficiary Bank Information: (This is the financial institution where the beneficiary maintains their account.)
Beneficiary Bank Name: _____
Bank Routing Transfer Number (ABA#) or SWIFT code: _____
Beneficiary Bank City State, Zip, Country: _____
(Required)

3. Intermediary Bank Information: (This is the financial institution that the wire must pass through before reaching the final beneficiary bank.) This section is OPTIONAL and not required.
Intermediary Bank Name: _____
Intermediary Bank ABA number or SWIFT code: _____

4. Customer Authorization:
Reason for Transfer: _____

Account Holder Signature: _____ **Joint Account Holder Signature:** _____
Date: _____ **Date:** _____

I agree to hold all parties acting on this request, including the introducing broker and Apex clearing Corporation, and their respective agents and employees (hereafter, collectively, "the parties") harmless from any and all claims, demands, proceedings, suits, and actions and all liabilities, losses and expenses including without limitation those asserted by me, associated with actions taken by the parties due to instructions received from me in this request.

Notary Required for Third Party Wires:

Notary Signature: _____ **Notary Seal:** _____

FOR INTERNAL USE ONLY

Signature Verified: _____ **Approved by:** _____
Telephone Confirmation: _____
Processed By: _____
Processed Date: _____

Registered Principal Approval: Name: _____ **Signature:** _____ **Date:** _____

Compliance Officer Approval: Name: _____ **Signature:** _____ **Date:** _____