# INTERNATIONAL WIRE
## REQUEST FORM

Instructions must be dated within 30 days from the date of receipt by Apex.

| DATE | | WIRE AMOUNT | | APEX ACCOUNT NO. | | CURRENCY | |
|------|--|-------------|--|------------------|--|----------|--|

## ACCOUNT INFORMATION

| | Full Customer Name | Date of Birth |
|--|--------------------|---------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

## BENEFICIARY/RECIPIENT/FOR FURTHER CREDIT TO INFORMATION *(Ultimate recipient of the wire transfer funds)*

| | |
|--|--|
| Beneficiary/Recipient/For Further Credit to Name: | |
| Beneficiary Account No./IBAN: | |
| *Beneficiary Address, City, State, Zip, Country: *(Required)* | |

## BENEFICIARY BANK INFORMATION *(Financial Institution where the beneficiary maintains their account)*

| | |
|--|--|
| Beneficiary Bank Routing Transfer No./Swift Bank Identifier Code (BIC): | |
| *Bank Name *(Required)* | |
| International Sort Code *(Required if Canada or UK)* | |
| *Beneficiary Bank Address, City, State, Zip, Country *(Required)* | |

## INTERMEDIARY BANK INFORMATION *(Financial Institution where the wire must pass through before reaching the final beneficiary bank. This section is OPTIONAL and not required for all wires)*

| | |
|--|--|
| SWIFT No./Correspondent Bank ABA: | |
| Sort Code *(Required if Canada or UK)* | |
| *Bank Name *(Required)* | |
| *Beneficiary Bank Address, City, State, Zip, Country *(Required)* | |

## CUSTOMER AUTHORIZATION

| | |
|--|--|
| Reason for Transfer: | |

_Customer Signature_      _Joint Account Holder_

I agree to hold all parties acting on this request, including the introducing broker and Apex Clearing Corporation, and their respective agents and employees (hereinafter, 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.

## FOR INTERNAL USE ONLY

**Registered Principal Approval:**

_Print Name_      _Title_      _Signature_      _Date_

**Compliance Officer Approval/Registered Principal Approval**

_Print Name_      _Title_      _Signature_      _Date_

PF10096-IWRE 02/03/2026