## Request to Wire Funds Into Wachovia Securities

(Please do not use for IRAs)

## PLEASE PRINT CLEARLY

Please transfer the following funds FROM						
Institution Name						
Full Name or Account Title		Brokerage A	Brokerage Account Number			
Address						
Address						
City	St		ite Zip		Daytime Phone Number	
				(	)	
				\	/	
Specify Amount of Cash and/or Money Market to be wired:						
·						
Please transfer the following funds TO						
Bank Name		Bank ABA#	Bank ABA#		Account Number	
Wachovia Bank, N.A.		051400549		5050000000631		
Address		City/State/Country of Bank Location				
3442 Orange Avenue, NE		Roanoke, Virginia,		USA 24012		
Further Credit (Wachovia Securities Account Name)						
Wachovia Securities Account Number (Please provide full 15 digit account number as it appears on your statements or confirms)						
Special Instructions						
Authorization & Signature(s)						
If we receive your wire transfer by 5PM EST, with the correct information, funds will be available in your account on the						
next business day. Otherwise, it will take an additional business day to complete the transaction. To initiate this						
transaction, please sign below.						
Signature 1	Date	Signature 2			Date	
X	/ /	X			/ /	
Print Name 1		Print Name 2				
Signature 3	Date	Signature 4			Date	
X	/ /	X			/ /	
Print Name 3		Print Name 4				
		L				

PLEASE TAKE OR MAIL THIS AUTHORIZATION TO THE FINANCIAL INSTITUTION FROM WHICH YOU ARE TRANSFERRING FUNDS.