CB\$ TEMPLATE FORM TO FUND THE INTERNATIONAL WIRE OUT ACCOUNT

(To establish a template for a repetitive wire transfer via CB\$)

| <u>To:</u> | From: | Date: |
|---|------------------------|---|
| NC Dept. of State Treasurer | Agency Name: | |
| Banking Operations | Address: | |
| E-mail: dst.disbursing@nctre | | |
| | | iled without being encrypted. If your system does not support arer.com for potential options to deliver the information in a secure |
| Type of Request: (Select one) | | |
| Add: | | |
| Delete: | If Delete, Template #: | |
| Change: | If Change, Template #: | |
| Type of Payment: (Confirm) | | FT39-Other: To fund International wire out account |
| Debit Information: | | |
| Account N | fame: | |
| Disbursing/STIF Accou | ınt #: | |
| Payment Instructions: | | |
| Payee Bank Name: Wells Fargo Bank, N.A. | | |
| Address: 420 Montgomery St | | |
| San Francisco, CA 94104 | | |
| ABA: 121000248 | | |
| Beneficiary Name: NC Dept of State Treasurer Account #: xxxxx 2688 | | |
| Payment Details: To fund the International wire out account | | |
| Request Submitted By: | | |
| Agency Name: | | |
| CB\$ Customer ID : | | (AAANNN) |
| Phone Number: | | |
| I certify that the information provided in this form is true and correct. Also, I certify that I am authorized to transact business on behalf of the agency on the accounts listed above. | | |
| Signature: | | (Must be on signature card) |
| | | |
| Print Title: | | |
| | | |
| NC Dept. of State Treasurer Use Only: | | |
| Template # Assi | gned: | Template Setup/Modified on CB\$: |
| Signature Card Ver | rified: | Template Setup/Modified on Wells Fargo: |
| | ed by: | Date: |
| | ed by: | Date: |
| Original Template Opened | Date: | |