



WIRE TRANSFER INSTRUCTION FORM - BUSINESS ACCOUNTS

PLEASE ENSURE THAT ALL SECTIONS ARE COMPLETED IN FULL. ANY CHANGE IN INSTRUCTIONS MUST BE PROVIDED IN WRITING TO MTFX PRIOR TO THE TRANSFER.

Senders information

Ordering customer

Authorized trading officer

Date (MM/DD/YYYY)

Currency of wire

Payment amount

Purpose of payment

Beneficiary details

Beneficiary name

Beneficiary street no

Beneficiary street name

Beneficiary street name 2

City Province/State

Country Postal/Zip code

Beneficiary bank information

Account Number/IBAN Number

Bank name

Bank address

Bank address 2

City Province/State

Country Postal/Zip code

SWIFT/ABA/ROUTING number

ACH

Intermediary beneficiary bank*

* IF YOUR WIRE TRANSFER MENTIONS DETAILS OF AN INTERMEDIARY BANK, PROVIDE THEM IN THIS SECTION.

Bank name

Bank address

Bank address 2

City Province/State

Country Postal/Zip code

SWIFT/ABA/ROUTING number

The undersigned, must be a company officer and an authorized signatory in order to authorize MTFX to initiate the above wire transfer.

Name

Date (MM/DD/YYYY)

Signature _____