

DATE 5-8-12

**1. ACCOUNT INFORMATION**

DEBIT ACCOUNT NUMBER <b>6050023212</b>	ORIGINATOR ACCOUNT TITLE <b>La Jolla Sunrise Rotary Foundation</b>
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**2. WIRE AMOUNT (Select either U.S. Dollar or Foreign Currency) Can this wire be sent in Foreign Currency?  Yes  No**

<input checked="" type="checkbox"/> U.S. Dollar	U.S. (\$) AMOUNT <b>6 4 5 4 8 0 0</b>	VALUE DATE (OPTIONAL) <b>5-8-12</b>
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or

<input type="checkbox"/> Foreign Currency	FOREIGN CURRENCY TYPE	FOREIGN CURRENCY AMOUNT (Decimals if applicable)	VALUE DATE (OPTIONAL)
Foreign Currency Calculation	FX TRADER CONTRACT NUMBER	EXCHANGE RATE	U.S. \$ EQUIVALENT AMOUNT

**3. REPETITIVE PAYMENT (Sections 4, 5, and 6 are optional)**

REPETITIVE PAYMENT/ID NUMBER	<b>BANK USE ONLY</b>	
	CALCULATED BY (Employee No.)	CALCULATION VERIFIED BY (Employee No.)

**4. BENEFICIARY INFORMATION**

ACCOUNT NUMBER (CLABE/IBAN FOR INTERNATIONAL CUSTOMERS) ± *	BENEFICIARY NAME*		
<b>11574345</b>	<b>Chain Of Hope</b>		
ADDRESS	CITY*	STATE	COUNTRY*
<b>South Parade</b>	<b>Chelsea London</b>	<b>SW36NP</b>	<b>England</b>

All charges to sender (other fees may apply) (International destinations) \*Mexican banks requires the CLABE account number in the beneficiary instructions to ensure correct payment. For European banks, the IBAN is required. Insufficient beneficiary information may result in delays and/or additional fees if the Beneficiary or Intermediary Bank returns the wire.

**5. PAY THROUGH/INTERMEDIARY BANK (Optional)**

ABA NUMBER/SWIFT BANK CODE/OTHER	BANK NAME
ADDRESS	CITY STATE COUNTRY

**6. BENEFICIARY BANK**

ABA NUMBER/SWIFT BANK CODE/OTHER*	NAME*		
<b>BIC :LOYDGB21152</b>	<b>LLOYDS TSB (USD Account)</b>		
ADDRESS	CITY*	STATE	COUNTRY*
<b>Chelsea Branch, 164 kings RD</b>	<b>Chelsea, London</b>	<b>SW3 4UR</b>	<b>England</b>

**7. ADDITIONAL/OTHER BENEFICIARY INFORMATION (OBI)**

140 CHARACTERS MAXIMUM

**8. PURPOSE OF THE WIRE**

DESCRIBE THE PURPOSE OF THE WIRE (for example, "Purchase Real Estate", etc.). NOTE: This information will NOT be included in the Wire Instructions.

**Purchase Medical Equipment**

**9. CUSTOMER ACKNOWLEDGEMENT AND APPROVAL**

By signing below, I acknowledge that I have received a copy of the Master Funds Transfer Agreement and that I approve this Funds Transfer Order.

SIGNATURE-ORIGINATOR <i>[Signature]</i>	DATE <b>05-08-12</b>
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**BANK USE ONLY**

**1. INITIATION**

<input type="checkbox"/> Telephone <input type="checkbox"/> Fax	ACCEPTED BY/PREPARED BY (Initials and Employee No.)	FOR TELEPHONE: NAME OF CUSTOMER CALLER	<input type="checkbox"/> Verified to FTA
<input type="checkbox"/> Delivered <input checked="" type="checkbox"/> In-Person	<i>[Signature]</i> 12631		<input checked="" type="checkbox"/> No FTA

**2. AUTHENTICATION (Minimum two authentications are required)**

ICI IDENTIFICATION	SIGNATURE VERIFY	KBA CODE (13 characters)	PRIMARY IDENTIFICATION TYPE	PRIMARY ID NUMBER	PRIMARY ID EXPIRATION DATE
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>BoFA Visa 2-14 CADL</b>		<b>E0707678</b>	<b>2-27-14</b>
PERSON AUTHENTICATED (Name) <i>Richard Wildman</i>			Authentication has been performed as outlined in Bank Policy BPM-2002		
			PERFORMED BY (Initials and Employee No.) <i>[Signature]</i> 12631		

**3. CALL BACK (Call Back must be completed by someone other than the Acceptor/Preparer)**

CALLED BACK BY (Initials and Employee No.)	CALLED BACK TO (Name)	CALL BACK NUMBER	<input type="checkbox"/> Validated Call Back Number same as on FTA	CALL BACK TIME
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**4. BRANCH APPROVAL (Required)**

APPROVAL SIGNATURE	APPROVER'S ID NUMBER
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**5. ADDITIONAL APPROVAL on Exception Wires**

Division/Area Approval Required if:	<input type="checkbox"/> Over Limit <input type="checkbox"/> Callback Exception <input type="checkbox"/> Documentation Exception	APPROVAL SIGNATURE	APPROVER'S ID NUMBER
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**6. MTX/AIX INFORMATION**

TRN	INPUT BY	RELEASED BY	HIGH AMOUNT VERIFIED BY
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