

Letter of Authorization To Wire Funds

Date _____

Account Name _____ Account Number _____

To Whom It May Concern:

Please accept this letter as my/our authorization to wire funds from Sterne Agee & Leach, Inc., customer account number _____ in the name of _____ to:

Institution Name: _____

Address: _____

ABA #: _____

Beneficiary Acct #: _____

Beneficiary Name: _____

Beneficiary Address: _____

Further Benefit Info
(if applicable) _____

Reference Info: _____

Dollar Amount: \$ _____

NOTARY SEAL:

(Required if wiring funds to a different tax ID # than the number listed on the SALI account)

Account Holder's Signature - Date

Joint Account Holder's Signature - Date