

Customer Information

Name: SILVANNA ASTRADA Address: 401 4TH LN
Phone: (561)340-9326 GREENACRES
FL 33463-4347 US

Account Information

Account: PER_7274
Account Title: SILVANNA ASTRADA
Requester Name:

Wire Information

Wire Type: DOMESTIC Wire Date: 11/08/2022
Country: US Wire Amount (USD): 6,140.00
Currency of Recipient Account: USD
Source: IN PERSON
ID Verification/Type: U.S. DRIVER'S LICENSE (WITH OR WITH
ID Verification/Type: BANK OF AMERICA DEBIT CARD, ATM Wire Fee: 30.00
CAR

Recipient Information

Recipient Name: TDG-TREGNY LLC Bank Name: SIGNATURE BANK
Account Number Type: ACCOUNT NUMBER Bank ID: 026013576
Account Number: 1504259214 Address: 565 5TH AVE, 12TH FL
Address: NEW YORK NEW YORK
NEW YORK US NY 10017 US

Information about payment:

Purpose of Payment:
Additional Reference: DEAL 963257, HIRA ZUBAIR TOTAL IS 6140 Additional Phone Advice:
Information: Additional Bank Instructions:

Customer Approval

I authorize Bank of America to transfer my funds as set forth in the instructions herein (including debiting my account if applicable), and agree that such transfer of funds is subject to this Funds Transfer Agreement (see disclosure pages of this form) and applicable fees. If this is a foreign currency wire transfer, I accept the conversion rate provided by Bank of America at the time the wire is sent. Exchange rates are determined by Bank of America, N.A. in our sole discretion. You may be able to get a better exchange rate if you handle this transaction online instead of in the financial center. Please see the Funds Transfer Agreement for further information regarding our exchange rates. For a Consumer International wire: We rely on you, the customer, to inform us of the currency of the receiving account (denoted under 'Currency of Recipient Account') so that we may disclose the exchange rate for conversion in the wire process. If you chose to send USD rather than the foreign currency of the receiving account, we will honor your choice, however, we will not be able to provide exchange rate information. Additionally, so that we may provide required disclosures, you must remain in the financial center until we provide you the Remittance Transfer Receipt (RTR). If you leave prior to receiving the RTR, we will cancel the international remittance transfer.

Customer Signature _____ Date of Request ____/____/____

IMPORTANT: FOR EACH WIRE Indicate Method of Signature Verification: (must complete one of the below)

Not Applicable (check box if no signature verification is required)	Signature Card (check box if signature card was reviewed)	Business Resolution (check box if business resolution was reviewed)	Posted Check# (reference PRO for date guidelines) (complete field below)	Leader Exception Granted (leader must place their initials or signature in box below)
☐	☐	☐	Check # _____	 Exception Reason: _____

For Bank Use Only: Financial Center Information

Financial Center Name	PINEWOOD SQUARE	Date:	November 08, 2022
Company #/Cost Center #:	00075 0109427	Phone #:	561-742-9092
Initiating Associate Name:	PHILIPPE, ASLAINE	Remittance ID #:	SG7YJG53C