

LOWTRADES
1900 L STREET NW SUITE 525
WASHINGTON, DC 20036

FAX COMPLETED REQUEST TO: **(202) 466-6895**

LowTrades Account Number _____

LowTrades Account Name _____

Amount of Transfer _____

Recipient Bank Information

Bank ABA Number _____

Bank Name _____

Bank City and State _____

SWIFT Number (**Foreign Wires Only**) _____

Country (**Foreign Wires Only**) _____

Beneficiary Information

Customer's Name _____

Customer's Bank Account Number _____

Customer's Physical Address _____

For Further Credit To

Name _____

Account Number _____

Customer Signature _____

Customer Signature (Joint Holder) _____