

DOMESTIC FUNDS TRANSFER AUTHORIZATION FORM

RCG Customer Account Name

RCG Account Number(s)

Beneficiary Account Name at Bank _____

Beneficiary Account Number or IBAN at Bank _____

Beneficiary Bank Name _____

Beneficiary Bank City, State _____

Beneficiary SWIFT ABA Number (9 Digits) _____

Intermediary Bank Name *** _____

Intermediary Bank City, State *** _____

Intermediary SWIFT ABA Number (9 Digits) *** _____

Originator to Beneficiary Information (OBI) *** _____

*** *If Necessary*

Please be advised that the above bank account information has been provided by me to allow for wire transfers from my RCG trading account to the above bank account at my request.

Signature

Signature of Joint Account Holder, if any

Print Name

Print Name

Date

Date