

CUSTOMER COPY

Synovus Domestic Wire Transfer Form

*This form must be completed in its entirety and must be approved by an authorized individual.
Incorrect, incomplete or illegible instructions will delay or prevent the processing of the Wire Transfer.*

Section I: Requester/Originator Information **2 FORMS OF ID REQUIRED**

| | | | |
|-----------------------------------|--|---------------------------------|---|
| Name DUSTIN MELVIN | | Telephone # [REDACTED] | Date Wire to be Sent 02/24/2010 |
| Address (Street Address Required) | | City WESLEY CHAPEL | State FLORIDA |
| | | Zip 33544 | |
| Customer ID Type 1. [REDACTED] | Issue State / County FLORIDA | Issue Date 04/25/2006 | Expiration Date 06/17/2012 |
| 2. SS# [REDACTED] | Method of Verification (If Applicable) If Other, Explain: FTA <input checked="" type="checkbox"/> or Other <input type="checkbox"/> | | initials: [REDACTED] |

Section II: Domestic Payment Instructions

| | | | |
|---|--|---|--|
| Amount of Wire 298,000.00 initials: [REDACTED] | Debit Account Type: Chkg <input type="checkbox"/> Sav <input type="checkbox"/> GL <input type="checkbox"/> MMA <input checked="" type="checkbox"/> | Waive Fee? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Repetitive#?: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes: Repetitive #: [REDACTED] initials: [REDACTED] |
| Account # to Debit [REDACTED] | Available Balance [REDACTED] | Account Title ROY MELVIN/DUSTIN MELVIN initials: [REDACTED] | |
| Overdraft Amount? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Dollar Amount: [REDACTED] initials: [REDACTED] | Officer Approving the Overdraft: (Signature) [REDACTED] | | Date [REDACTED] |
| Reason for Approval: [REDACTED] | | | |

Section III: Wire Information

| | | | |
|---|--|--|-------------------------|
| Beneficiary Name RUSCO INVESTMENT OPERATIONS initials: [REDACTED] | | Beneficiary Account # [REDACTED] initials: [REDACTED] | |
| Beneficiary Address Street | | City | State FLORIDA |
| | | Zip | |
| Receiver Bank Name SUNTRUST BANK initials: [REDACTED] | | ABA [REDACTED] initials: [REDACTED] | |
| Receiver Bank Address Street | | City CORAL SPRINGS | State FLORIDA |
| | | Zip | |
| (If Further Crediting) Beneficiary Bank Name [REDACTED] initials: [REDACTED] | | ABA, Swift or Account # [REDACTED] initials: [REDACTED] | |
| Beneficiary Address Street | | City | State |
| | | Zip | |
| (If applicable) Instructing Bank Name | | City | State |
| | | Zip | |

| | |
|--|----------------------------|
| Additional Information (200 Character max) | AUSTIN PARK DEPOSIT |
|--|----------------------------|

Section IV: Customer Approval

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|--|-----------------------------------|
| I have verified the information above is correct as presented to the bank. Customer Signature: <i>Dustin W Melvin</i> | Date of Request 2-24-10 |
|--|-----------------------------------|

Section V: Associate Initiator/Associate Verifier

| | | | | | |
|--|---------------------------------|----------------------------------|-----------------------|--------------------------|-----------------------|
| Associate Taking Request: BARBARA NELSON | Phone #: 813-712-2380 | Dept/Cost Center: 0020 | Bank #: 388 | Date: 02/24/10 | Time: 10:16 |
| Associate Initiator: | Phone #: | Dept/Cost Center: | Bank #: | Date: | Time: |
| Associate Blind Key Verifier: | Phone #: | Dept/Cost Center: | Bank #: | Date: | Time: |

| | | |
|---|---------------------------|---------------------|
| PIN Initiated?: Yes <input type="checkbox"/> No <input type="checkbox"/> | Synovus Wire Dept Assoc.: | Fed Confirmation #: |
|---|---------------------------|---------------------|

