



WIRE TRANSFER APPLICATION AND INSTRUCTIONS

| | | | | |
|-------------------------------|---------------|--------------------|----------|-----------|
| Branch (Dept.) # & Log # — | Date Received | Time Received : | AM PM | Date Sent |
|-------------------------------|---------------|--------------------|----------|-----------|

REMITTER INFORMATION

| | | | |
|--------------------------------|--------------------------|---|---|
| Account Number (if applicable) | | REMITTANCE AMOUNT (USD) | |
| Name | | (+) FEE | |
| Address, City, State, Zip Code | | (=) TOTAL RECEIVED | |
| Phone Number | | Purpose of Remittance Transfer: <input type="checkbox"/> Personal, Household Use <input type="checkbox"/> Commercial Use <input type="checkbox"/> Other | Type of Currency: <input type="checkbox"/> Foreign Currency <input type="checkbox"/> US Dollar FOREIGN CURRENCY ONLY Exchange Rate _____ Remittance Amount _____ |
| Domestic | International | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | |

BENEFICIARY BANK INFORMATION

| | |
|--|--------------------------------------|
| ABA (routing no.) or BIC (SWIFT code). | Transit Number, SORT (if applicable) |
| Bank Name | |
| Bank Address, City, State, Zip | Country |
| Intermediary Bank Information (Optional) | |

BENEFICIARY INFORMATION

| | | |
|---|--------------|--------------|
| Name | Phone Number | Teller Stamp |
| Account Number or IBAN | Country | |
| Address, City, State, Zip Code | | |
| Instructions or Comments(Optional) 100 Characters max | | |

By signing this Wire Transfer Application, I agree to all terms and conditions of the Wire Transfer Agreement on the reverse.

X _____ Date _____

BRANCH/DEPARTMENT USE ONLY

| | | | |
|---|--------------------------|-----------------------|---|
| Accepted by (Signature) | Approved by (Signature) | | Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Debit Account <input type="checkbox"/> Check <input type="checkbox"/> OTHER |
| Fund Transfer Agreement on File: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>if YES, please fill out Confirmation of Request section.</i> | Confirmation of Request: | Phone # Called | Customer Contact Name |
| | | Time of Call AM/PM | Source Used: <input type="checkbox"/> DOB <input type="checkbox"/> SSN# <input type="checkbox"/> OTHER _____ |

WIRE SECTION USE ONLY

| | | |
|------------------------|-------------|-------------------------|
| Prepared/Input made by | Verified by | Approved by (if needed) |
|------------------------|-------------|-------------------------|

WIRE TRANSFER AGREEMENT

I hereby appoint HANMI BANK my agent for the purpose of effecting a payment per the instructions on the front of this Agreement. When I direct the funds received from me to be remitted in foreign values, the Bank may, in its discretion, convert said funds received from me into said foreign values at the Bank's selling rate on the day such funds are received.

The said remittance may be made by the Bank through its customary channels, and the Bank is absolved from any and all liabilities for loss arising from any cause beyond its control, including but not limited to the following:

- (a) The act, failure or neglect of any agent or correspondent selected by the Bank for the remittance thereof;
- (b) Any delay, error, omission or default of any mail, telegraph, cable or wireless operator;
- (c) The acts or edicts of any government or governmental agency or other group or groups exercising governmental powers, whether de jure or defacto.
- (d) The negligence of the Depositor or the breach of this Agreement by the Depositor.
- (e) Any ambiguity or inaccuracy in any instruction or in the information - set forth in this Agreement given to the Bank by the Depositor.

Provided that the Bank has complied with its Agreement, the Depositor agrees to indemnify and hold the Bank and its directors, officers, employees, agents and attorneys harmless against any claim of a third party arising from or in connection with this Agreement. The Depositor also agrees to take any and all reasonable action to mitigate any potential or actual Bank loss or liability hereunder.

The Bank shall be under no obligation to obtain the receipt of the payee. The Bank on request, will use its best effort to trace payment. No request for tracing shall be made prior to three weeks from date of this order.

The Bank shall not be liable to make any refund prior to receipt by it of continuation of order of cancellation from the correspondent, agent or subagent engaged by the Bank to effect the transmittal and in the case of funds already converted, only on the basis of the Bank's buying rate on the day refund is made less the expenses of the Bank, its correspondent and agents. The Bank may discharge said liability, if any, by assigning to me its interest in any credit which may be established as a result of this order with its correspondent, agent or subagent.