

<b>USD Remittance Amount</b> <i>(required)</i>	<i>Complete FX Rate and Pesos Equivalent ONLY if delivery is in Pesos.</i> 	<b>FX Rate</b>	<b>PESO Equivalent Amount</b>
<input type="checkbox"/> <b>OPTION 1 – DEPOSIT Funds to Payee’s Account at China Banking Corporation</b>		<b>Currency Option</b>	<b>Fee</b>
Acct. # at CHINA BANKING CORPORATION: _____		<input type="checkbox"/> <b>Deliver in U.S. DOLLARS</b> <i>*USDCBC 111</i>	\$20.00
		<input type="checkbox"/> <b>Deliver in PESOS</b> <i>*PHPCBC 222</i>	\$8.00
<input type="checkbox"/> <b>OPTION 2 – DELIVER Funds to China Banking Corporation for “Will Call” Pick-Up by Payee</b>			
Using the phone number provided below, the beneficiary will be informed as to the branch/location where the funds may be picked up. The Beneficiary will need to provide <b>2</b> forms of positive Identification.		<input type="checkbox"/> <b>Deliver in U.S. DOLLARS</b> <i>*USDPAY 333</i>	\$20.00
		<input type="checkbox"/> <b>Deliver in PESOS</b> <i>*PHPPAY 444</i>	\$8.00
<input type="checkbox"/> <b>OPTION 3 – DEPOSIT Funds to Beneficiary’s Account at Another Philippine Bank</b>			
Bank NAME: _____ Branch Location: _____ Acct. # at Named Bank : _____		<input type="checkbox"/> <b>Deliver in U.S. DOLLARS</b> <i>*USDNONCBC 555</i>	\$20.00
		<input type="checkbox"/> <b>Deliver in PESOS</b> <i>*PHPNONCBC 666</i>	\$8.00
<input type="checkbox"/> <b>OPTION 4 – DELIVER Funds to Beneficiary at Address Provided</b>			
<b>Select ONE Delivery Address:</b> <input type="checkbox"/> Deliver Funds to <b>BNF ADDRESS</b> or <input type="checkbox"/> to <b>OPTIONAL – DELIVERY ADDRESS</b> Using the phone number provided below, the beneficiary will be informed to expect a door-to-door cash delivery. The Beneficiary will need to provide <b>1</b> form of positive Identification.		<input type="checkbox"/> <b>Deliver In PESOS</b> <i>*PHPDTD 777</i>  <b>No USD Delivery</b>	\$8.00

**BENEFICIARY’S INFORMATION**

<b>Beneficiary’s Name</b> <i>(required)</i>		<b>Beneficiary’s Address</b> <i>(required – Please indicate house #, street, barangy/town/ municipality, city and, if available, P.O. Box)</i>	
<b>Purpose of Remittance</b> <input type="checkbox"/> FAMILY SUPPORT <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN <input type="checkbox"/> OTHER: _____			
<b>Beneficiary’s E-Mail address</b>		<b>OPTIONAL - Delivery Address</b> <i>(see note above)</i>	
<b>Beneficiary’s Phone #</b> <i>(required)</i>	<b>Beneficiary’s Phone #</b>		
<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> OFFICE	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> OFFICE		

**REMITTER’S INFORMATION**

<b>Remitter’s Name</b> <i>(required)</i>		<b>Remitter’s Address</b> <i>(required)</i>	
<b>Remitter’s Identification Information</b> <i>(required)</i> <input type="checkbox"/> DRIVER’S LICENSE <input type="checkbox"/> PASSPORT <input type="checkbox"/> GREEN CARD <input type="checkbox"/> OTHER: _____ ISSUED BY: _____ EXPIRE DATE: _____ NUMBER: _____		<b>Remitter’s E-Mail address</b>	
<b>Remitter’s TIN</b> <i>(required)</i>	<b>Remitter’s Occupation</b> <i>(required)</i>	<b>Remitter’s Phone #</b> <i>(required)</i>	<b>Remitter’s Phone #</b>
<input type="checkbox"/> SSN: _____ <input type="checkbox"/> NON-RESIDENT (W/8BEN on file)		<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> OFFICE	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> OFFICE

**REMITTER’S AUTHORIZATION**

<b>By signing below, I agree to the terms accompanying this form.</b> _____ Remitter’s Signature		<b>Request Type</b> <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Fax _____ Supervisor App (req. for Phone or Fax)	
_____ Date			

**BANK USE**

<b>Payment Method</b> <i>(required)</i> - EAST WEST CUSTOMER <input type="checkbox"/> W/D from EW ACCT #: _____	<b>Payment Method</b> <i>(required)</i> - NON-CUSTOMER <input type="checkbox"/> Cash ONLY (Post to GL 242815-500) ( Fees post to G/L 601753)	<b>Value Card Customer</b> <input type="checkbox"/> “Ck. Bonus” <input type="checkbox"/> Card #: _____ of 6
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**BRANCH/DEPARTMENT USE ONLY**
**WIRE DEPARTMENT USE ONLY**

<b>Instructions Accepted By</b> <i>(Printed Name &amp; Signature)</i>	<b>Dept./Branch Name or #</b>	<b>Wired By</b> <i>(Printed Name &amp; Signature)</i>
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<b>Date Accepted</b>	<b>Time Accepted</b> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<b>Test Key Reference Number</b>	<b>Test Key Result Number</b>	<b>Verified By (Printed Name)</b>
<b>Supervisor/Auth. Employee Approval</b> (Verification of Remittance Application, customer I.D., payment method, and customer's authority as an authorized signer.)				<b>DATE WIRE WAS EXECUTED</b>
Approval Signature _____			Date _____	

Philippine master document.doc rev. front 3/2006

## Funds Transfer Terms

1. Customer ("You") authorize East West Bank ("us") to make the funds transfer described on this form.
2. You agree to hold us harmless from any loss which occurs if your instructions are incomplete, ambiguous or incorrect. We are not required to seek clarification from anyone regarding ambiguous instructions. If we cannot complete a transfer (e.g., because of an ambiguity), we will notify you orally or in writing by the end of the next business day.
3. If you identify the Beneficiary, the Beneficiary Bank or an Intermediary Bank by name and number, payment of the order may be made based on the number alone, even if it identifies a person or bank different from that shown on the front of this form.
4. We may transfer funds through an intermediary bank or funds transfer system which is different from that shown in your instructions.
5. If we receive your payment order after our processing cutoff hour or on a Saturday, Sunday or holiday, we may process it on the next funds-transfer business day. A delay may also occur if an Intermediary Bank or the Beneficiary's Bank is not accepting a payment order (e.g., due to a local holiday).
6. You do not have a right to cancel or amend your order. You agree to hold us harmless from all claims and damages, however, if we attempt (successfully or otherwise) to comply with your request. If your order involves foreign exchange, and we attempt to comply with your cancellation or amendment request, or if we do not send the transfer because insufficient funds are in your account, our damages may include losses due to exchange rate fluctuations and other costs of canceling, amending or covering the order from any counter party to the order.
7. If your transfer is made from an account with us, it will be reflected on your next periodic statement. You will not receive any other notice from us regarding your transfer. You agree to notify us immediately if you notice any discrepancy between your statement and this payment order or you discover a problem with your transfer. You must send us a written notice of the problem, including a statement of the relevant facts, within a reasonable time (not to exceed 14 days from the date you first discover the problem or receive a statement or notice reflecting the erroneous transfer, whichever occurs first). Upon requesting a payment order we reserve the right, prior to debiting your account for the requested transfer, to place a hold on your account for the amount of funds requested to be transferred.
8. Foreign transfers may be subject to delays, charges imposed by other banks and changes in foreign currency exchange rates.
9. We will not be liable for consequential, special or exemplary damages or losses of any kind. We will not be liable for any failure to act or delay due to: a lack of sufficient available funds in your account; circumstances beyond our reasonable control; fire, flood or natural disasters; communication failures; labor disputes; any inaccuracy or ambiguity in your instructions; the action or inaction of others; or any applicable government or funds-transfer system rule, policy or regulation.

