

Date://		Domestic Wire	International Wire
Curvature Account #	Amount:		
Account Name:			
Phone#			
Email_address:			
Beneficiary Information:			
Beneficiary name:		Address:	
		City:	State:
Postal/Zip:	Country:		
Beneficiary Bank information: Beneficiary Bank Account #: Beneficiary Bank Name:			
Beneficiary Bank			
ABA Routing #/Swift Code(Inter	national Wire):_		
City:	State:	Postal/7in·	Country:
Oity.	otate.	ι σειαι/Σιρ	Country
Intermediary Bank Information Intermediary Bank Name: ABA Routing #/Swift Code(Inter Intermediary Bank Address:	national Wire):_	•	
City:	State:	Postal/Zip:	Country:
Other information: Customer Authorization:			
Reason for transfer:			
X			1.0: 1
Customer Signature		Joint Account Hol	der Signature
Registered Principal Approval:			
Print Name	Title	Signatur	e Date
I agree to hold all parties acting on this respective agents and employees (here proceedings, suits and actions and all liame, associated with actions taken by the	request, including the nafter, collectively, abilities, losses and	ne introducing broker and Curval " the parties') harmless from any expenses including without limit	ture Securities, LLC, and their y and all claims, demands, ation those asserted by
For Internal Use Only			
Registered Principal Approval:			
Print Name	Title	Signatur	e Date