

**AMERICAN CAPITAL FUNDS GROUP LLC  
Partner Domestic Wire Transfer Form**

For Office Use Only
PARTNER No.
COMMISSION FEE.

Funds are generally received at the other financial institution within one to two business days. Additional fees may be assessed by the receiving financial institution. \$30 Banking Fee will be subtracted from the Partner final commission.

**Please note:**

A. CLIENT REFERRAL Information			
BUSINESS NAME			
Best Contact Number	<input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Cell	PROPERTY ADDRESS	STATE

COMMISSION AMOUNT		For Office Use Only	
	DATE ISSUED	/	/

C. PARTNER Financial Institution Information			
Name of Payee's Financial Institution			
Address: City	State	Name of Primary Correspondent Bank	
ABA Number			
Intermediary Financial Institution	ID Type (BIC)	ID Number	
Address	City	State/Province	Postal Code

D. PARTNER Payee's Information				
Name: First	MI	Last	Suffix	Is Payee a Third Party? <input type="checkbox"/> Yes <input type="checkbox"/> No
Payee Address: Street	City	State	Zip Code	Country
Payee Account Number				
Remarks (additional wiring instructions)				

