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## Foreign Wire Transfer Form

### FHLB Customer Information (Section Mandatory):

Institution Name: \_\_\_\_\_

Institution DDA # (Mandatory): \_\_\_\_\_ FHFA ID# \_\_\_\_\_

Initiated By\*: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Print) (Phone Number of Initiator)

\*Instructions will be verbally confirmed with the initiator indicated on this request.  
Initiators will be required to provide their PIN during this confirmation.

### Foreign Wire Information:

Repetitive Wire Code:

Amount (USD) (Mandatory)\*\*: \_\_\_\_\_ Beneficiary Acct # (Mandatory)\*\*: \_\_\_\_\_

Beneficiary Name: (Mandatory)\*\*: \_\_\_\_\_

International Bank Name (Mandatory): \_\_\_\_\_

City & County (Mandatory)\*: \_\_\_\_\_

8 Digit Swift (Mandatory): \_\_\_\_\_ IBAN-BIC# (BBI): \_\_\_\_\_

Final Branch code or address (BBI) \_\_\_\_\_

US Correspondent Bank Name (Mandatory): \_\_\_\_\_

US Correspondent ABA (Mandatory): \_\_\_\_\_

Originator Name, Address (No P.O. Box) (Mandatory) (BBI)\*\*\*: \_\_\_\_\_

Additional Info for Beneficiary\*\*\* (OBI): \_\_\_\_\_

\*City and County must match what is on file at chips.org or swift.org

\*\*Non Repetitive Wire Transfer requests require a secondary authorization. Amount of the wire, Beneficiary Name and Account number will be verbally confirmed with a separate authorized individual at your institution.

\*\*\*Originator Information, IBAN-BIC#, Final Branch Code or Address and Additional Info for Beneficiary fields cannot exceed 210 characters due to FedLine restrictions.

### FOR FHLB USE ONLY:

Code 1000

BIC/Swift Validated

BIC/Swift added to table

Date: \_\_\_\_\_ PAR: \_\_\_\_\_ Input by: \_\_\_\_\_

### For assistance with this form, please contact:

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