



XM

WWW.XM.COM

INTERNAL FUNDS TRANSFER FORM

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Please complete this form and submit it to your *Personal Account Manager* or email it to backoffice@xm.com.

Client Full Name: _____

Account Number: _____

Date: _____

I request to transfer:

Currency: _____

Amount to be transferred: _____

From my Account Number: _____

To my Account Number: _____

** Please note that XM will only transfer funds between accounts belonging to the same beneficiary. XM will not process any transfers to a third party.*

** All internal transfer requests are processed Monday to Friday between the working hours of 9am and 6pm EET (Eastern European Time). Due to necessary security checks which are carried out manually, no requests will be processed outside of these hours.*

Client Signature: _____ Date: ____/____/20____