



Incoming Wire Instructions

Receiving Financial Institution ABA	063116737
Receiving Financial Institution	CenterState Bank of Florida, N.A. 400 Interstate North Parkway, Suite 1200 Atlanta, GA 30339

For Further Credit To:

Beneficiary Financial Institution Account*	061206843
Beneficiary Financial Institution*	First Bank of Coastal Georgia

For Benefit Of:

Beneficiary Account	Your Complete Account Number
Beneficiary Name	Your Name <i>(As it appears on your statement)</i>
Beneficiary Address	Your Address <i>(As it appears on your statement)</i>

***This information must be included on all wire transfers. If Beneficiary FI fields are not available, this information may be entered into any available Reference field(s).**