INTERNAL FUNDS TRANSFER REQUEST

The undersigned requests and authorizes The Bancorp Bank, N.A. ("Bank") to process the funds transfer transaction(s) between accounts in accordance with the instructions provided below:

PART 1: Internal Funds Transfer Instruction

_____

Customer Name on Donor Account – This is the account funds will be coming from.

Donor Account Number (Transfer funds from this account)	Recipient Account Number (Transfer funds to this account)	Customer Name on Recipient Account	Transfer Amount

PART 2: Limitations and Indemnification

By signing below, I understand that Internal Funds Transfer Requests received at Bank by 3:00PM Eastern time will be processed on the business day they are received, except in the following instances:

1. The transfer amount exceeds the available balance in the Donor Account;
2. The status of the Donor and/or Recipient Account prohibits processing the request;
3. There is a discrepancy in the information provided that prohibits processing of this request;
4. A signature card or other documentation is not on file for the Donor and/or Recipient Account;
5. There is a failure of equipment or communications that prevents processing of the request; and/or
6. The Bank receives notification or believes that the transfer request is forged, altered or unauthorized.

You agree that by signing this Internal Funds Transfer Request form authorizing the requested funds transfer(s) you will indemnify Bank for any and all losses incurred resulting from any transaction(s) you initiate between the indicated accounts. If any transfer you initiate cannot be verified or completed, Bank will complete the transfer(s) it can and a notification will be sent to you regarding the transfer(s) that could not be processed, and you agree to hold Bank harmless for any loss resulting from the incomplete transfer(s).

Banking services provided by:
The Bancorp Bank, N.A. Member FDIC.
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PART 3: Signature

Signature of Requesting Customer | Date (mm/dd/yyyy)

Print Name

Please **mail or fax** this completed form to:

SEI Cash Management Attn: Fulfillment Department
409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5792

FOR BANK USE ONLY

Verified By | Completed by | Approved by

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