



REQUEST TO ADD, REMOVE OR CHANGE THIRD-PARTY STATEMENT RECIPIENT

I request that The Bancorp Bank, N.A. (Bank) update my account(s) listed below to reflect the following changes with regard to third-party recipients of my account statement(s). NOTE: The designated Financial Professional assigned to the account(s) may request a third party statement be sent to such Financial Professional ONLY. All other changes with regard to third-party statement recipients (e.g. CPA, Attorney, etc.) must be signed by the authorized signer for each account listed.

Please complete the entire form (Parts 1-3). Please keep a copy of this form for your records.

PART 1: A	Account In	formation				
A + Nl l	_	Account Title				
Account Numbe	r	Account litle				
Account Numbe	r	Account Title				
Account Numbe	r	Account Title				
Note: Unless othe	rwise noted on th	is form, changes listed in Part 2 will be made to	all accounts listed in Part 1.			
PART 2: 1	Third-Part	y Statement Recipient(s) (e	e.g., Financial Pro	ofessional, CF	A, Atto	orney, etc.)
or purposes of	this form, "Fina	ancial Professional" includes financial prof	essionals, financial professi	onal firm, advisors, a	gents and b	prokers.
Add	Remove	Change Firm Name or Address				
Name			Firm			
Address			City	S	State	ZIP Code
	_					
Add	Remove	Change Firm Name or Address				
Name			Firm			
Address			City	S	State	ZIP Code
			-			

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PART 3: Signature — Required

The individual signing below must be an Authorized Signer on each of assigned to the account(s).	the accounts listed in Part 1 or, if permitte	d, the designated Financial Professional
Signature of Authorized Signer (or Authorized Financial Professional)	Date (mm/dd/yyyy)	
Authorized Signer Name (or Authorized Financial Professional)		
Email	Phone	
Allow one full statement cycle for the change to take effect.		

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

SEI Cash Management Attn: Account Maintenance 409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5792