REQUEST TO CHANGE NAME OR CONTACT INFORMATION

I request that The Bancorp Bank, N.A. (Bank) update the contact information on my account(s) listed below. I understand that I may be requested to provide additional information as proof of the change(s).

For a name change, the Bank will require proof of identity (copy of a valid driver's license, passport, state-issued ID or military ID) and documentation of the legal name change (copy of a marriage certificate, divorce decree, court order or other government-issued certification).

This form may only be used to update the name or contact information for existing Authorized Signers; it may not be used to add or remove signers.

NOTE: The individual signing this form must be an Authorized Signer on each of the accounts listed.

Please complete the entire form (Parts 1-5).

PART 1: Account Information

Account Number	Account Title
Account Number	Account Title
Account Number	Account Title

PART 2: Current Contact Information

Full Name				
Mailing Address		City	State	Zip
Street Address (if mailing address is a P.O. Box)		City	State	Zip
Home Phone	Work Phone	Mobile Phone		
Email				

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REQUEST TO CHANGE NAME OR CONTACT INFORMATION

PART 3: New Name/Contact Information

Check all boxes that apply:

◯ Name Change ◯ Contact Information Change

Full Name

Mailing Address | City | State | Zip

Street Address (if mailing address is a P.O. Box) | City | State | Zip

Home Phone | Work Phone | Mobile Phone

Email

PART 4: Checks and Debit/ATM Card — Reorder

◯ Please order new checks reflecting my new name and/or contact information, in the same style as my last check order. I understand that the affected account(s) may be charged in accordance with the Schedule of Fees associated with the account(s).

Account Number | New Check Starting Number

◯ For name change only: Please order a new debit/ATM card(s) reflecting my new name. I understand that the affected account(s) may be charged in accordance with the Schedule of Fees associated with the account(s).

PART 5: Signature — Required

The individual signing below must be an Authorized Signer on each of the accounts listed in Part 1:

Signature of Authorized Signer | Date (mm/dd/yyyy)

Print Name

Allow up to five business days for the change(s) to become effective. Checks typically arrive within 7-14 business days.

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

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