PARTNERSHIP RESOLUTION OF AUTHORITY

Name of Partnership | Employer ID | Account Number

Type of Partnership: ◯ Limited Partnership ◯ Limited Liability Partnership ◯ General Partnership

Address | City | State | ZIP Code

I/WE, the undersigned, hereby certify to The Bancorp Bank, N.A. ("Bank") that, _____ is a Partnership duly organized and existing under the laws of the state of _____ .

RESOLVED, that the aforementioned Bank is hereby designated as a depository of this Partnership and that a deposit account be opened and maintained in the name of this Partnership with said Bank;

FURTHER RESOLVED, that any partners of this Partnership listed below:

Name	Title	Signature	Facsimile Signature (if used)

is/are hereby authorized, on behalf of this Partnership, and in its name: to sign checks, notes, bills of exchange, acceptances, or other orders for the payment of money from said account; to endorse checks, notes, bills, certificate of deposit, or other instruments, owned, or held by this Partnership, for deposit in said account, or for collection or discount by said Bank; to accept drafts, acceptances, and other instruments payable at said Bank; to waive demand, protest, or dishonor of any check, note, bill, draft, or other instrument made, drawn, or endorsed by this Partnership; and

FURTHER RESOLVED, that said Bank be, and is hereby authorized to honor, receive, certify, or pay all instruments signed in accordance with the foregoing authority even though drawn or endorsed to the order of any partner signing the same or tendered for cashing, or in payment of the individual obligation of such officer, or for deposit to his personal account; furthermore, said Bank shall not be required, under any obligation to inquire as to the circumstances of the issuance, or use of any instrument signed in accordance with the foregoing authority, or the application, or disposition of such instrument, or the proceeds thereof; and

FURTHER RESOLVED, that the foregoing resolution shall remain in full force and effect until written notice of their amendment or rescission shall have been received by said Bank, and that receipt of such notice shall not affect any action taken by Bank prior thereto.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed the seal of said Corporation, on _____
Date

_____
Name of Partner/Managing Partner

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

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

Fax: 302.791.5792

Please retain a copy of this form for your records.

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