



PAYABLE ON DEATH (POD) BENEFICIARY DESIGNATION FORM

To designate a POD Beneficiary or Beneficiaries on your account, please complete the information below. This designation applies only to the account identified below. If you have more than one account, a separate Payable on Death Beneficiary Designation form must be completed for each account you own. You may use this form to designate POD Beneficiaries on all types of accounts except a business or trust account.

TI: (
This form may not	t be used to desig	gnate POD Bene	eficiaries on business or	trust accounts.		
Primary Account Owner Full Name			Joint Account Owner Full Name (if applicable)			
Account Number						
Account Type:	Checking	Savings	Money Market			
PART 2: PO	OD Benefic	iary Inform	mation			
	th below and app			es) of the above-referenced accoun (ies) must be an individual person. A		
Beneficiary #1						
Full Name (First, Mi	iddle Initial, Last)			Social Security Number	Date of Birth	
	iddle Initial, Last) e Address (no P.O. B	3ox)		Social Security Number City	Date of Birth State	ZIP Code
	e Address (no P.O. B	Зох)				ZIP Code
Principal Residence	e Address (no P.O. B	30x)		City		ZIP Code
Principal Residence	e Address (no P.O. E	30x)		City		ZIP Code
Principal Residence Relationship to Acc Beneficiary #2 Full Name (First, Mi	e Address (no P.O. E			City	State	ZIP Code

POD BENEFICIARY DESIGNATION FORM

Page 2 of 3

Last Name of Primary Account Holder:	Account Number:		
Beneficiary #3			
Full Name (First, Middle Initial, Last)	Social Security Number	Date of Birth	
Principal Residence Address (no P.O. Box)	City	State	ZIP Code
Relationship to Account Owner	Phone		
Beneficiary #4			
Full Name (First, Middle Initial, Last)	Social Security Number	Date of Birth	
Principal Residence Address (no P.O. Box)	City	State	ZIP Code
Relationship to Account Owner	Phone		

PART 3: POD Designation Terms and Conditions

A Payable on Death (POD) account is an informal revocable trust account owned by one or more people expressing the intent that upon the death of the owner(s), the deposited funds will pass to one or more named beneficiaries. A revocable trust account can be revoked, terminated, or amended at the discretion of the owner(s).

Upon the death of the sole account owner on an individual account, or the last account owner on a joint account:

- A. Any funds remaining in the account referenced above belong to the POD Beneficiary or Beneficiaries, if both surviving, or to the survivor of them if one or more dies before the death of the sole Account Owner or the last surviving Account Owner;
- B. If two or more POD Beneficiaries survive, any funds remaining on deposit belong to them in equal shares, subject to applicable law; and
- C. If two or more POD Beneficiaries survive, there is no right of survivorship in the event of death of a POD Beneficiary.

Payment of the funds to any POD Beneficiary is subject to The Bancorp Bank, N.A.'s (Bank) right to charge the account for any amount the deceased Account Owner(s) or POD Beneficiary owes the Bank. The Bank may require the submission of specific legal documents (such as a death certificate and/or POD Beneficiary ID information) prior to the release of funds in the account. Until final payment is made to the POD Beneficiary or Beneficiaries, the Bank shall continue to operate the account according to the terms of the applicable Account Agreement and disclosures, and these POD Designation Terms and Conditions. The terms of the account may not be altered by Will or other testamentary instrument. Certain state law restrictions apply to payable on death accounts. You are solely responsible for complying with applicable law in establishing a payable on death account. The Bank makes no representation that designating your account as a payable on death account is advisable. You should consult with any attorney or other qualified estate planning professional before designating your account as a payable on death account.

POD BENEFICIARY DESIGNATION FORM

Page 3 of 3

Last Name of Primary Account Holder:	Account Number:	
PART 4: Signatures		
Signatures required.		
I/We hereby direct that the balance remaining in this account survive me (us):	shall be payable on death (of the survivor of us) to t	he above-named POD Beneficiary(ies) that
Primary Account Owner Signature	Date (mm/dd/yyyy)	
Joint Account Owner Signature	Date (mm/dd/yyyy)	
Note: Spousal Consent — Spousal consent required in commo sole primary POD Beneficiary). Notarization of Spouse's	unity property states (AZ, CA, ID, LA, NV, NM, TX, W Signature is required.	VA and WI) if spouse is not named as the
I have read the above beneficiary designation and, as the spot statutory or other rights to all present and future property held. Spouse's Signature		oove designation and relinquish all my
Notary Signature	Date (mm/dd/yyyy)	
Notary Seal	Notary Commission Expiration	Notary Jurisdiction
Please fax or mail this completed and signed form to:		
SEI Cash Management Attn: Fulfillment Services 409 Silverside Road, Suite 105, Wilmington, DE 19809		

Fax: 302.791.5792