SIGNATURE CARD FOR DEPOSIT ACCOUNT

PART 1: Account Information

Please fill out completely.

Account Number		DOB (mm/dd/yyyy)	
Account Title		SSN/Tax ID	
Permanent Address		City	State ZIP Code
Work Phone	Home Phone	Email	

PART 2: Terms of Agreement

PERSONAL ACCOUNTS AND SOLE PROPRIETORSHIPS

The authorized individual(s) signing below agree(s), jointly and severally if multiple signers, to the terms set forth in the Deposit Account Agreement Terms and Conditions, all disclosures and the Rate and Fee Schedule as amended by The Bancorp Bank, N.A. ("the Bank") from time to time. Each of the authorized individual(s) signing also acknowledge that the Bank provided at least one copy of these deposit account documents. In the event more than one person is designated as a depositor the said joint depositors hereby agree with each other and with the Bank that: (1) All sums now or hereafter on deposit to the credit of this joint account, whether deposited by any or all of them, and all accumulations thereon, are and shall be owned by them, if husband and wife, as tenants by the entireties, and otherwise as joint tenants with the right of survivorship and not as tenants in common, and in the event of death of any one of them, the Bank is directed to deal with the survivor or survivors as the sole owner or owners thereof, (2) Orders or checks may be drawn against the account by any one of them or the survivor or survivors of them, (3) Each of the undersigned and the Bank, is hereby authorized to endorse and deposit to this joint account any check or other instrument for the payment of money which may be drawn or endorsed to the order of any one or more or all of them, (4) The power and authority of the Bank hereunder shall continue until written notice of termination thereof is received by the Bank from any one of them.

CORPORATE ACCOUNTS

The authorized Agent(s) signing below agree(s), that the Corporation's Account(s) will be governed by the terms set forth in the Deposit Account Agreement Terms and Conditions, all disclosures and the Rate and Fee Schedule as amended by the Bank from time to time. Each of the authorized Agent(s) acknowledge receipt of at least one copy of these deposit account documents.

PARTNERSHIP AND OTHER ORGANIZATIONAL ACCOUNTS

The authorized Agent(s) signing below agree(s), that the Account Holder's Account(s) will be governed by the terms set forth in the Deposit Account Agreement Terms and Conditions, all disclosures and the Rate and Fee Schedule, as amended by the Bank from time to time. Each of the authorized Agent(s) acknowledge receipt of at least one copy of these deposit account documents.

Banking services provided by:
The Bancorp Bank, N.A. Member FDIC.
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I/We verify that all information provided on the application is correct to the best of my/our knowledge. I/We authorize the Bank to order consumer reports about me/us from consumer reporting agencies and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain about me/us in response to such inquiry. I/We authorize the Bank to receive information as occasioned from time to time regarding me/us or my/our proprietors, partners, principals, agents or representatives from third parties, and to verify any information on the application. I/We waive any claims against the Bank for invasion of privacy or any similar claim that might arise as a result of Bank's investigation of me/us or my/our proprietors, partners, principals, agents or representatives. This deposit account is subject to all applicable rules and regulations adopted by the Bank as amended from time to time.

_____ ◯ Facsimile signature allowed.
Signature

_____ ◯ Facsimile signature allowed.
Signature

_____ ◯ Facsimile signature allowed.
Signature

_____ ◯ Facsimile signature allowed.
Signature

PART 3: TIN Certification

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number (TIN) (or I am waiting for a number to be issued to me), and; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding under Internal Revenue Service (IRS) regulations, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding; (3) I am a U.S. citizen (including a U.S. resident alien); and (4) I am exempt from FATCA reporting.

CERTIFICATION INSTRUCTIONS - You must cross out item 2 above if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

_____ _____
Primary Applicant Signature Date (mm/dd/yyyy)

_____ _____
Applicant Signature Date (mm/dd/yyyy)

Please **mail or fax** to:

SEI Cash Management
409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5771

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