



TREASURER'S CHECK REQUEST FORM FOR LINE OF CREDIT

I authorize The Bancorp Bank, N.A. ("Bank") to make a one-time advance against my line of credit for the purchase of a treasurer's check as requested below. The treasurer's check will be mailed and interest will start to accrue the day the advance is made.

PART 1: Loan Account Information					
Loan Account Name			Loan Account Number		
PART 2: Payee Inf	formation				
Payable To			Total Amount		
Payee Address					
City	State	ZIP Code	Phone		
PART 3: Delivery	Instructions				
Mail directly to Payee's	address listed in PART 2	2 above.			
Mail to address for my li	ine of credit on file with	the Bank.			
PART 4: Signature	e — Required				
Signature of Authorized Accoun	nt Signer/Borrower		Date (mm/dd/yyyy)		
Print Name					
Please mail or fax this comp	leted form to:				
SEI Cash Management, Attn: 409 Silverside Road, Suite 109 Wilmington, DE 19809	SBL Servicing 5				
Fax: 302.791.5610					
To protect your account infor	rmation, please do not i	return this form by em	ail, which may be unsecure.		

TREASURER'S CHECK REQUEST FORM FOR LINE OF CREDIT

Page 2 of 2

FOR BANK USE ONLY

Approved by		Date (mm/dd/yyyy)
Approved by		Date (mm/dd/yyyy)
Signature Verification Completed:	Date (mm/dd/yyyy)	
Customer's Authorized Rep		
Call Back Verification Date/Time		Verification Completed by
Loan Control Number		
Loan Control Transfer Completed:	Date (mm/dd/yyyy)	
Check Number		Date Processed (mm/dd/vvvv)