Premier Line of Credit



REQUEST TO ADD, REMOVE OR CHANGE THIRD-PARTY STATEMENT RECIPIENT

I request that The Bancorp Bank, N.A. (Bank) update my account(s) listed below to reflect the following changes with regard to third-party recipients of my account statement(s). NOTE: The designated Financial Professional assigned to the account(s) may request a third party statement be sent to such Financial Professional ONLY. All other changes with regard to third-party statement recipients (e.g. CPA, Attorney, etc.) must be signed by the authorized signer for each account listed.

Please complete the entire form (Parts 1-3). Please keep a copy of this form for your records.

count Numbe	r	Account Title			
count Numbe	r	Account Title			
count Numbe	r	Account Title			
te: Unless othe	erwise noted on th	is form, changes listed in Part 2 will be mad	de to all accounts listed in Part 1.		
ART 2: ⁻	Third-Party	y Statement Recipient(s	s) (e.g., Financial Prof	essional, CPA, Atto	orney, etc.)
nurnoses o	f this form "Fina	ancial Professional" includes financial	professionals financial profession	nal firm, advisors, agents and h	prokers
r purposes o	f this form, "Fina	ancial Professional" includes financial	professionals, financial profession	nal firm, advisors, agents and b	prokers.
r purposes o	f this form, "Fina Remove	ancial Professional" includes financial Change Firm Name or Address	professionals, financial profession	nal firm, advisors, agents and b	prokers.
			professionals, financial profession	nal firm, advisors, agents and b	orokers.
Add			professionals, financial profession	nal firm, advisors, agents and b	orokers.
Add			Firm		
Add				nal firm, advisors, agents and b	ZIP Code
Add lame ddress	Remove	Change Firm Name or Address	Firm		
Add			Firm		
Add ame ddress Add	Remove	Change Firm Name or Address	Firm City		
Add	Remove	Change Firm Name or Address	Firm		

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PART 3: Signature — Required

The individual signing below must be an Authorized Signer on each of assigned to the account(s).	the accounts listed in Part 1 or, if perm	nitted, the designated Financial Professional
Signature of Authorized Signer (or Authorized Financial Professional)	Date (mm/dd/yyyy)	
Authorized Signer Name (or Authorized Financial Professional)		
Email	Phone	
Allow one full statement cycle for the change to take effect.		

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

Premier Line of Credit Attn: Account Maintenance 409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5787