

CHANGE IN TERMS REQUEST FORM (INCLUDING THE "INTEREST RATE CONVERSION NOTICE")

Use this Change In Terms Request Form ("Form") provided by The Bancorp Bank, N.A. ("Bank" or "us") when submitting a change in terms request for a securities-backed line of credit account ("SBLOC") or insurance-backed line of credit account ("IBLOC") (individually and collectively referred to in this Form as "Account"). The Form may be completed and then submitted to the Bank by the Account owner ("Borrower," "my," "you," or "your") or the Borrower's authorized financial professional, financial professional firm, financial advisor, life insurance agent, or broker (referred to in this Form as "Financial Professional(s)"). All other defined terms used in this Form have the meanings assigned to them in the SBLOC Agreement or the IBLOC Agreement (collectively referred to in this Form as "Agreement").

A requested change in terms will not be effective until (a) Borrower or Financial Professional, as permitted, has executed and returned this Form and any additional documents requested by the Bank; (b) Bank confirms its approval of the requested change(s); and (c) in the case of the submission of an Interest Rate Conversion Notice ("Notice"): (i) the Notice has been received and accepted by the Bank; and (ii) the applicable Interest Rate Conversion Fee ("Fee") (described below) has been paid. The effective date of the change in terms requested in the Notice is described in your Account Agreement.

PART 1: Requ	uestor	
Borrower	Financial Professional	
PART 2: Acco	ount Information	
Account Type Securities-Back	ked Line of Credit Insurance-Backed Line of Credit*	
Account Title	Account Number	
	crease is permitted within one-hundred-eighty (180) calendar days of the loan origination date. Maximum number of Line of Credit vithin a twelve-month period.	
PART 3: Chan	nge in Terms Requests	
Please complete the a	applicable section(s).	
A. Loan Amount Cha	ange	
Increase Line c	of Credit to: Decrease Line of Credit to:	
	of Credit to maximum amount based on eligible Collateral.	
Purpose of Increase/Use	e of Funds	

NOTE: Neither an SBLOC nor IBLOC can be used for the purchase of additional securities or to pay off a margin loan that was used to purchase securities. If

you have any questions about these limitations, please contact the Bank at 866.435.1370 before submitting your request for a change in terms.

409 Silverside Road, Suite 105 Wilmington, DE 19809 | Phone: 866.435.1370 | Fax: 302.791.5787 | www.thebancorp.com

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B. Interest Rate Change Options

Option 1: Interest Rate Conversion Notice

NOTE: Please consult your Financial Professional to confirm if the 36-Month Fixed Rate SBLOC or IBLOC option is currently available.

Convert my Account from the existing Variable Rate to the current 36-Month Fixed Rate

Convert my Account from the existing 36-Month Fixed Rate to the current Variable Rate**

Convert my Account from the existing 36-Month Fixed Rate to the current 36-Month Fixed Rate**

** The non-refundable Fee of \$500.00 applies to these requests.

Fee Payment Options:

Please select one (1) of the following Fee payment options:

Initiate a one-time payment of \$500 from my Account.

A check for \$500 will be mailed to the Bank. I understand the request will not be processed until the Bank receives the check.

Debit a one-time payment of \$500 from my Bank deposit account. The deposit account number is: ______

I authorize the Bank to originate an Automated Clearing House (ACH) transfer of \$500 to the Bank from my deposit account at the financial institution identified below. (Please provide all requested information and sign below.)

Deposit Account Name	Deposit Account Number	Account Type	
Financial Institution Name	ABA Routing Number (Please verify the financial institution	n uses this number for A	CH transfers.)
Financial Institution Address	City	State	ZIP Code
I hereby certify that no authorization of any party other the contemplated by this authorization and that I am a Borro identified above. I acknowledge that the origination of A	wer on the Account with the Bank and an authorized s	igner on the account	3
Signature of Borrower/Authorized Signer	Date (mm/dd/yyyy)		

Option 2: Interest Rate Review

Request interest rate review

Request custom interest rate (for a line of credit of \$1 million or more)

NOTE: Additional documentation may be required.

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Secur	ities.	Backed	lline	of	Credit

Note: Your request may not be approved if the registration of the pledged Securities Account and the titling of the SBLOC are different.

Additional Securities Account(s) to be pledged as Collateral (include any and all sub-accounts, if applicable):

NOTE: Additions, reductions, or other collateral related changes may subject the loan to a different variable interest rate tier.

Securities Account Number(s)	Securities Account Title
Remove pledged Securities Account(s) as Collateral:	
Securities Account Number(s)	Securities Account Title
Replacement Securities Account(s) to be pledged as Colla	ateral (attach additional page(s) if necessary):
Securities Account Number(s)	Securities Account Title
Securities Account Number(s)	Securities Account Title
Insurance-Backed Line of Credit	
Note: Borrower must be the owner of the whole-life insurance poledore pledging a policy as Collateral.	licy. Policy must be issued by a Bank-approved insurance carrier. Consult a tax advisor
Additional life insurance policy to be pledged as Collatera	al:
Life Insurance Company	Life Insurance Policy Number
Remove pledged life insurance policy as Collateral:	
Life Insurance Company	Life Insurance Policy Number
Replacement life insurance policy to be pledged as Collat	eral (attach additional page(s) if necessary):
Life Insurance Company	Life Insurance Policy Number
Life Insurance Company	Life Insurance Policy Number

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Email

Address

D. Partner Change		
Please complete this section if you will be		ution including branded and/or non-branded banking services. teral for an SBLOC to a new firm partnered with the Bank.
Current partner to be removed	Securities Account Number	Securities Account Title
New partner to be added	Securities Account Number	Securities Account Title
E. Document Delivery Method		
Please select one:		
Mail to:		-
Fax to:		
Electronic Signature:Email		Mobile Phone
PART 4: Financial Professi	onal Information	
Financial Professional Name	Financial Prof	essional Firm Name

City

Phone (include area code and extension)

State

ZIP Code

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PART 5: Signature(s)

Signature(s) Required	
I am the Borrower for the Account identified in Part 2 or the authorized Finance	ial Professional for the Account.
Signature of Borrower	Date (mm/dd/yyyy)
Print Borrower Name	_
Signature of Authorized Financial Professional	Date (mm/dd/yyyy)

Financial Professional Complete User ID (if applicable)

Please \mathbf{mail} or \mathbf{fax} this completed Form to:

Print Authorized Financial Professional Name

The Bancorp Attn: Loan Department 409 Silverside Road, Suite 105

Wilmington, DE 19809 Fax: 302.791.5787 Phone: 866.435.1370