

409 Silverside Road, Suite 105  
Wilmington, DE 19809  
P: 866.792.5412  
F: 302.791.5792  
www.seicashaccess.com

I/We request that The Bancorp Bank (Bank) update my/our account(s) listed below to reflect the following changes with regard to third-party recipients of my/our 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.

**PART 1: Account Information**

Account Number:											Account Title:
Account Number:											Account Title:
Account Number:											Account Title:

**NOTE:** Unless otherwise noted on this form, changes listed in Part 2 will be made to all accounts listed in Part 1.

**PART 2: Third-Party Statement Recipient(s) (e.g., Financial Professional, CPA, Attorney, etc.)**

For purposes of this form, "Financial Professional" includes financial professionals, financial professional firms, advisors, agents and brokers.

Add    Remove    Change Firm Name or Address

Name:		
Firm:		
Address:		
City:	State:	Zip:

Add    Remove    Change Firm Name or Address

Name:		
Firm:		
Address:		
City:	State:	Zip:

**PART 3: Signature – Required**

The individual signing below must be an Authorized Signer on each of the accounts listed in Part 1 or, if permitted, the designated Financial Professional assigned to the account(s).

Signature of Authorized Signer: (or Authorized Financial Professional)	
Authorized Signer Name: (or Authorized Financial Professional)	Date: (mm/dd/yyyy)
Phone: (and extension)	Email:

*Allow one full statement cycle for the change to take effect.*

Please **mail or fax** this completed form to: SEI Cash Access, Attn: Account Maintenance  
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