

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

By signing below, the existing account holder acknowledges that the additional account owner will have access not only to The Bancorp account listed below, but will also be authorized to access funds from the linked SPTC account as outlined in the original Cash Access Account application. Access includes, but is not limited to, transfers to and from the linked SPTC account, and payment of most overdraft items. For a complete explanation of SPTC account access, please visit www.seicashaccess.com.

PART 1: Existing Account Information

Account Number:		Account Title:
Existing Account Owner First Name:	MI:	Last Name:
Existing Account Owner Phone Number:		

PART 2: Account Activity

Please indicate the total anticipated transaction volume and dollar amounts of account activity for all account owners. The estimates should include both incoming and outgoing transactions. To avoid a delay in processing, please be sure all sections are completed.

Services / Transaction Type	Estimated # of Transactions (Monthly)	Estimated \$ of Transactions (Monthly)
ACH	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20	<input type="checkbox"/> \$0 <input type="checkbox"/> \$1-500 <input type="checkbox"/> \$501-1,000 <input type="checkbox"/> \$1,001-2,500 <input type="checkbox"/> \$2,501-5,000 <input type="checkbox"/> \$5,001+
Wire Transfers	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20	<input type="checkbox"/> \$0 <input type="checkbox"/> \$1-500 <input type="checkbox"/> \$501-1,000 <input type="checkbox"/> \$1,001-2,500 <input type="checkbox"/> \$2,501-5,000 <input type="checkbox"/> \$5,001+
Checks	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20	<input type="checkbox"/> \$0 <input type="checkbox"/> \$1-500 <input type="checkbox"/> \$501-1,000 <input type="checkbox"/> \$1,001-2,500 <input type="checkbox"/> \$2,501-5,000 <input type="checkbox"/> \$5,001+
Cash	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20	<input type="checkbox"/> \$0 <input type="checkbox"/> \$1-500 <input type="checkbox"/> \$501-1,000 <input type="checkbox"/> \$1,001-2,500 <input type="checkbox"/> \$2,501-5,000 <input type="checkbox"/> \$5,001+
Remote Deposit Capture	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20	<input type="checkbox"/> \$0 <input type="checkbox"/> \$1-500 <input type="checkbox"/> \$501-1,000 <input type="checkbox"/> \$1,001-2,500 <input type="checkbox"/> \$2,501-5,000 <input type="checkbox"/> \$5,001+

Will account be used for international transactions? Yes No

If yes, list up to 3 non-U.S. countries where transactions may be sent or may originate:

PART 3: Additional Account Owner

Additional Account Owner First Name:		MI:	Last Name:	
Social Security Number:		Date of Birth: (mm/dd/yyyy)		Mother's Maiden Name:
Permanent Address: (P.O. Box not accepted)				Apt. #:
City:			State:	ZIP:
Mailing Address: (if different than Permanent Address)				
City:			State:	ZIP:
Home Phone:	Alternate Phone: (where you may be reached during business hours*)		Email: (where you may be reached during business hours*)	
Occupation:			Current Employer:	
If Retired, Last Employer:			Source of Wealth/Retirement Income:	

PART 4: ATM/Debit Card

Yes, issue the following to the Additional Owner: Debit Card OR ATM Card (for Savings and Money Market Accounts)

A unique Personal Identification Number (PIN) will be mailed to each person who receives a Debit or ATM Card. The recipient may use the preselected PIN or change it to a personally selected PIN. To change the PIN, please have the Card number and current PIN available when calling the telephone number printed on the Card.

Check here if you do NOT want a Debit or ATM Card issued to the Additional Owner.

PART 5: Checks – Individual/Joint Checking and Money Market Accounts Only

Yes, order a supply of checks, adding the name of the Additional Owner and containing the street address of the Primary Owner.

Check here if you do NOT want a supply of checks.

PART 6: Signature(s) of Owner(s) of Account

This deposit account is subject to all applicable rules and regulations adopted by The Bancorp Bank. My/Our signature(s) acknowledge(s) my/our acceptance of the Truth in Savings Disclosure governing these accounts. The Truth in Savings Disclosure is available online at www.seicashaccess.com. The Bancorp Bank may order consumer reports from credit-reporting agencies in order to evaluate whether to issue a Debit or ATM card to the consumer who has requested one.

TIN Certification

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

The authorized individual(s) signing below agree(s), jointly and severally if multiple signers, to the terms set forth in The Bancorp Bank Website Agreement, the Rate and Fee Schedule, the Certificate of Deposit Agreement (if applicable), the Funds Availability Policy Disclosure, and the Electronic Funds Transfer Agreement and Disclosure as amended by The Bancorp Bank from time to time. Each of the authorized individual(s) signing also acknowledge that The Bancorp 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 Bancorp 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 Bancorp 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 Bancorp 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 Bancorp Bank hereunder shall continue until written notice of termination thereof is received by The Bancorp Bank from any one of them.

Important Information for Opening a New Account: To fight the funding of terrorism and money laundering activities, the Federal government requires financial institutions to obtain, verify, and record information that identifies each customer. When you open an account, we will ask for your name, address, date of birth and other information that allows us to identify you. We may also request your driver's license or other identifying documents.

Signature of Existing Account Owner:	
Print Name:	Date: (mm/dd/yyyy)

Signature of Additional Account Owner:	
Print Name:	Date: (mm/dd/yyyy)

Please **fax** this completed form to: 302.791.5792