



PAYABLE ON DEATH (POD) BENEFICIARY DESIGNATION FORM

PART 1: Account Owner Information

To designate a POD Beneficiary or Beneficiaries on your account, please complete the information below. This designation applies only to the account identified below. If you have more than one account, a separate Payable on Death Beneficiary Designation form must be completed for each account you own. You may use this form to designate POD Beneficiaries on all types of accounts except a business or trust account.

| This form may not | t be used to desig | gnate POD Ben | eficiaries on business or t | rust accounts. | | |
|---|-----------------------|---------------|-----------------------------|--|---------------|----------|
| Primary Account Owner Full Name | | | | Joint Account Owner Full Name (if applicable) | | |
| Account Number | | | | | | |
| Account Type: | Checking | Savings | Money Market | | | |
| PART 2: PO | OD Benefic | iary Infor | mation | | | |
| | rth below and app | | | es) of the above-referenced accoun ies) must be an individual person. A | | |
| Beneficiary #1 | | | | | | |
| Full Name (First, Middle Initial, Last) | | | Social Security Number | Date of Birth | | |
| Principal Residence | e Address (no P.O. B | sox) | | City | State | ZIP Code |
| Relationship to Acc | count Owner | | | Phone | | |
| Beneficiary #2 | | | | | | |
| Full Name (First, M | liddle Initial, Last) | | | Social Security Number | Date of Birth | |
| Principal Residence | e Address (no P.O. B | Sox) | | City | State | ZIP Code |
| Relationship to Acc | count Owner | | | Phone | | |
| | | | | | | |

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| Last Name of Primary Account Holder: | Account Number: | | |
|---|------------------------|---------------|----------|
| Beneficiary #3 | | | |
| Full Name (First, Middle Initial, Last) | Social Security Number | Date of Birth | |
| Principal Residence Address (no P.O. Box) | City | State | ZIP Code |
| Relationship to Account Owner | Phone | | |
| Beneficiary #4 | | | |
| Full Name (First, Middle Initial, Last) | Social Security Number | Date of Birth | |
| Principal Residence Address (no P.O. Box) | City | State | ZIP Code |
| Relationship to Account Owner | Phone | | |

PART 3: POD Designation Terms and Conditions

A Payable on Death (POD) account is an informal revocable trust account owned by one or more people expressing the intent that upon the death of the owner(s), the deposited funds will pass to one or more named beneficiaries. A revocable trust account can be revoked, terminated, or amended at the discretion of the owner(s).

Upon the death of the sole account owner on an individual account, or the last account owner on a joint account:

- A. Any funds remaining in the account referenced above belong to the POD Beneficiary or Beneficiaries, if both surviving, or to the survivor of them if one or more dies before the death of the sole Account Owner or the last surviving Account Owner;
- B. If two or more POD Beneficiaries survive, any funds remaining on deposit belong to them in equal shares, subject to applicable law; and
- C. If two or more POD Beneficiaries survive, there is no right of survivorship in the event of death of a POD Beneficiary.

Payment of the funds to any POD Beneficiary is subject to The Bancorp Bank, N.A.'s (Bank) right to charge the account for any amount the deceased Account Owner(s) or POD Beneficiary owes the Bank. The Bank may require the submission of specific legal documents (such as a death certificate and/or POD Beneficiary ID information) prior to the release of funds in the account. Until final payment is made to the POD Beneficiary or Beneficiaries, the Bank shall continue to operate the account according to the terms of the applicable Account Agreement and disclosures, and these POD Designation Terms and Conditions. The terms of the account may not be altered by Will or other testamentary instrument. Certain state law restrictions apply to payable on death accounts. You are solely responsible for complying with applicable law in establishing a payable on death account. The Bank makes no representation that designating your account as a payable on death account is advisable. You should consult with any attorney or other qualified estate planning professional before designating your account as a payable on death account.

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| Last Name of Primary Account Holder: | Account Number: | |
|---|--|--|
| | | |
| PART 4: Signatures | | |
| Signatures required. | | |
| I/We hereby direct that the balance remaining in this account sh survive me (us): | all be payable on death (of the survivor of us) to t | he above-named POD Beneficiary(ies) that |
| Primary Account Owner Signature | Date (mm/dd/yyyy) | |
| Joint Account Owner Signature | Date (mm/dd/yyyy) | |
| Note: Spousal Consent — Spousal consent required in commun sole primary POD Beneficiary). Notarization of Spouse's St | | VA and WI) if spouse is not named as the |
| I have read the above beneficiary designation and, as the spous statutory or other rights to all present and future property held h | | oove designation and relinquish all my |
| Spouse's Signature | Date (mm/dd/yyyy) | |
| Notary Signature | Date (mm/dd/yyyy) | |
| | | |
| | | |
| Notary Seal | Notary Commission Expiration | Notary Jurisdiction |
| Please fax or mail this completed and signed form to: | | |
| SEI Cash Access Attn: Fulfillment Services 409 Silverside Road, Suite 105, Wilmington, DE 19809 | | |
| Fax: 302.791.5792 | | |