



ADDITIONAL ACCOUNT OWNER REQUEST FORM

By signing below, the Existing Account Owner(s) 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 Owner(s) Information and Authorization

By signing below you are authorizing The Bancorp Bank, N.A. ("Bank") to add the individual named as the Additional Account Owner in PART 3 as a joint account owner to the account indicated in this PART 1.

Account Number	Account Title
Print Name	Signature
Print Name	Signature

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/Type of Transaction	Estimated Monthly Activity		Estimated Monthly Total	
ACH	0	1 - 3	\$0	\$1 - 500
	4 - 10	11 - 15	\$501 - 1,000	\$1,001 - 2,500
	16 - 20		\$2,501 - 5,000	\$5,001+
Wire Transfers	0	1 - 3	\$0	\$1 - 500
	4 - 10	11 - 15	\$501 - 1,000	\$1,001 - 2,500
	16 - 20		\$2,501 - 5,000	\$5,001+
Checks	0	1 - 3	\$0	\$1 - 500
	4 - 10	11 - 15	\$501 - 1,000	\$1,001 - 2,500
	16 - 20		\$2,501 - 5,000	\$5,001+
Cash	0	1 - 3	\$0	\$1 - 500
	4 - 10	11 - 15	\$501 - 1,000	\$1,001 - 2,500
	16 - 20		\$2,501 - 5,000	\$5,001+
Remote Deposit Capture	0	1 - 3	\$0	\$1 - 500
	4 - 10	11 - 15	\$501 - 1,000	\$1,001 - 2,500
	16 - 20		\$2,501 - 5,000	\$5,001+

ADDITIONAL ACCOUNT OWNER REQUEST FORM

Page 2 of 3

Will this account be used for international transactions?

No Yes If yes, list up to 3 non-U.S. countries where transactions may be sent or may originate:

Country 1

Country 2

Country 3

PART 3: Additional Account Owner Information

Additional Account Owner Name (First, Middle Initial, Last)

Occupation

Current Employer

If Retired, Last Employer

Source of Wealth/Retirement Income

Social Security Number

Date of Birth (mm/dd/yyyy)

Permanent Address (P.O. Box not accepted)

City

State

ZIP Code

Mailing Address (if different than Permanent Address)

City

State

ZIP Code

Home Phone

Alternate Phone (where you may be reached during business hours)

Email

PART 4: ATM/Debit Card

Would you like the Additional Account Owner to be issued a Debit or ATM Card?: No Yes

If yes, issue the following to the Additional Account Owner:

Debit Card (Checking Accounts)

ATM Card (for Savings and Money Market Accounts)

If a Card is requested, a unique Personal Identification Number (PIN) will be mailed separately to the Additional Account Owner for the 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.

PART 5: Checks

Yes, order a supply of checks, adding the name of the Additional Account Owner and containing the street address of the Existing Account Owner(s).

No, do not order a supply of checks.

ADDITIONAL ACCOUNT OWNER REQUEST FORM

Page 3 of 3

PART 6: Agreement and Signature of Additional Account Owner

This deposit account is subject to all applicable rules and regulations adopted by the Bank. My signature acknowledges my acceptance of the Deposit Account Agreement Terms and Conditions, Schedule of Fees, Funds Availability Disclosures, Electronic Fund Transfer Disclosures, and all related disclosures as may apply, and as amended by the Bank from time to time. For applicable disclosures including our Privacy Notice visit www.seicashaccess.com and navigate to Disclosures and Privacy Practices. The 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.

Joint account owners/depositors agree with each other and with the 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 entirety, 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 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 Account Owner and the 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 Bank hereunder shall continue until written notice of termination thereof is received by the Bank from any one of them.

Important Information for Opening a New Account or Establishing a New Relationship: 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 or establish a relationship with us, 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.

We collect personal information such as identifiers and customer records information when you complete an account application, and Internet and other electronic network activity when you use online banking. The information is used to establish and service the account.

Our privacy notice appears at www.seicashaccess.com.

Please keep a copy of this form for your records.

Signature of Additional Account Owner

Date (mm/dd/yyyy)

Print Name

Please **fax** this completed form to:

Fax: 302.791.5792