## LendingAccess



## REQUEST TO ADD, REMOVE OR CHANGE THIRD-PARTY STATEMENT RECIPIENT

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

PARI 1: /	Account in	itormation				
Account Numbe	r	Account Title				
Account Numbe	r	Account Title				
Account Numbe	r	Account Title				
Note: Unless othe	erwise noted on th	is form, changes listed in Part 2 will be made to	all accounts listed in Part 1.			
PART 2:	Third-Party	y Statement Recipient(s) (	e.g., Financial P	rofessional, CP	A, Attor	ney, etc.)
For purposes o	f this form, "Fina	ancial Professional" includes financial prof	fessionals, financial profes	ssional firm, advisors, ag	ents and bro	okers.
Add	Remove	Change Firm Name or Address				
Name			Firm			
Address			City	St	ate	ZIP Code
Add	Remove	Change Firm Name or Address				
Name			Firm			
Address			City	St	ate	ZIP Code

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## PART 3: Signature — Required

The individual signing below must be an Authorized Signer on each of t assigned to the account(s).	he accounts listed in Part 1 or, if permitted, the designated Financial Professiona	I
Signature of Authorized Signer (or Authorized Financial Professional)	Date (mm/dd/yyyy)	
Authorized Signer Name (or Authorized Financial Professional)		
Email	Phone	
Allow one full statement cycle for the change to take effect.		

Please **mail or fax** this completed form to:

Lending Access Attn: Account Maintenance 409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.792.5680