

REQUEST TO CHANGE NAME OR CONTACT INFORMATION

I request that The Bancorp Bank, N.A. (Bank) update the contact information on my account(s) listed below. I understand that I may be requested to provide additional information as proof of the change(s).

For a name change, the Bank will require proof of identity (copy of a valid driver's license, passport, state-issued ID or military ID) and documentation of the legal name change (copy of a marriage certificate, divorce decree, court order or other government-issued certification).

This form may only be used to update the name or contact information for existing Authorized Signers; it may not be used to add or remove signers.

NOTE: The individual signing this form must be an Authorized Signer on each of the accounts listed.

Please complete the entire form (Parts 1-5).

PART 1: Account Information

Account Number

Account Title

Account Number

Account Title

Account Title

PART 2: Current Contact Information

| Full Name | | | | |
|---|------------|--------------|-------|-----|
| | | | | |
| | | | | |
| Mailing Address | | City | State | Zip |
| Mailing Address | | City | Jiale | ΣIP |
| | | | | |
| | | | - | |
| Street Address (if mailing address is a P.O. Box) | | City | State | Zip |
| | | | | |
| | | | | |
| Home Phone | Work Phone | Mobile Phone | | |
| | | | | |
| | | | | |

Email

REQUEST TO CHANGE NAME OR CONTACT INFORMATION — LOAN

Page 2 of 2

PART 3: New Name/Contact Information

Check all boxes that apply:

| Contact Information Change | | | | |
|----------------------------|---------------------|----------------------|---|--|
| | | | | |
| Mailing Address | | State | Zip | |
| ress is a P.O. Box) | City | State | Zip | |
| Work Phone | Mobile Phone | | | |
| | ress is a P.O. Box) | City City City | City State ress is a P.O. Box) City State | City State Zip ress is a P.O. Box) City State Zip |

Email

PART 4: Checks — Reorder

Credit line checks are not available for all our credit line products.

Please order new checks reflecting my new name and/or contact information, in the same style as my last check order. I understand that the affected account(s) may be charged in accordance with the Schedule of Fees associated with the account(s).

Account Number

New Check Starting Number

PART 5: Signature — Required

The individual signing below must be an Authorized Signer on each of the accounts listed in Part 1:

Signature of Authorized Signer

Date (mm/dd/yyyy)

Print Name

Allow up to five business days for the change(s) to become effective. Checks typically arrive within 7-14 business days.

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

The Bancorp Bank, N.A. Attn: Account Maintenance 409 Silverside Road, Suite 105, Wilmington, DE 19809 Fax: 302.791.5787