



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 Number	Account Title			
PART 2: Current	Contact Information			
Full Name				
Mailing Address		City	State	Zip
Street Address (if mailing address is a P.O. Box)		City	State	Zip
Home Phone	Work Phone	Mobile Phone		
Email				

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PART 3: New N	ame/Contact Information			
Check all boxes that apply	<i>r</i> .			
Name Change	Contact Information Change			
Full Name				
Mailing Address		City	State	Zip
Street Address (if mailing address is a P.O. Box)		City	State	Zip
Home Phone	Work Phone	Mobile Phone		
Email				
PART 4: Checks	— Reorder			
Credit line checks are not	available for all our credit line products.			
	checks reflecting my new name and/or contact ir charged in accordance with the Schedule of Fee			rstand that the affected
Account Number	New Check Starting Number			
PART 5: Signatu	ıre — Required			
The individual signing bel	ow must be an Authorized Signer on each of the	accounts listed in Part 1:		
Signature of Authorized Sign	ner	Date (mm/dd/yyyy)		
Print Name				
Allow up to five business days	s for the change(s) to become effective. Checks typically	/ arrive within 7-14 business days.		
Please mail or fax this con	mpleted form to:			
Kestra Loan Access Attn: A 409 Silverside Road, Suite	Account Maintenance 105, Wilmington, DE 19809			

Fax: 302.791.5680