



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.

| ccount Numbe | r | Account Title | | | |
|------------------------|----------------------------|--|---------------------------------|----------------------------------|--------------|
| sccount Numbe | r | Account Title | | | |
| account Numbe | r | Account Title | | | |
| ote: Unless othe | rwise 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 Prof | essional, CPA, Atto | orney, etc.) |
| | | | | | |
| or purposes o | this form, "Fina | ancial Professional" includes financial pro | fessionals, financial professio | nal firm, advisors, agents and b | orokers. |
| | | | fessionals, financial professio | nal firm, advisors, agents and b | orokers. |
| or purposes o | this form, "Fina Remove | ancial Professional" includes financial pro Change Firm Name or Address | fessionals, financial professio | nal firm, advisors, agents and b | orokers. |
| Add | | | fessionals, financial professio | nal firm, advisors, agents and b | orokers. |
| Add | | | | nal firm, advisors, agents and b | zIP Code |
| Add Name Address | Remove | Change Firm Name or Address | Firm | | |
| Add | | | Firm | | |
| Add Name Address Add | Remove | Change Firm Name or Address | Firm | | |
| Add Name Address | Remove | Change Firm Name or Address | Firm | | |

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PART 3: Signature — Required

| The individual signing below must be an Authorized Signer on each of assigned to the account(s). | the accounts listed in Part 1 or, if permit | ted, the designated Financial Professional |
|--|---|--|
| 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:

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

Fax: 302.791.5680