

## An AssetMark Trust Company Service



## 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			
ccount Numbe	r	Account Title			
ccount Numbe		Account Title			
ote: Unless othe	erwise noted on th	is form, changes listed in Part 2 will be made to	all accounts listed in Part 1.		
DA DT 2. 1	Third-Party	y Statement Recipient(s) (c	a a Financial Pr	ofossional CPA Att	orney etcl
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or purposes of	f this form, "Fina	ancial Professional" includes financial prof	essionals, financial profess	sional firm, advisors, agents and	brokers.
Add	Remove	Change Firm Name or Address			
			Firm		
vame			1 11111		
Address			City	State	ZIP Code
Add	Remove	Change Firm Name or Address			
Add	Remove	Change Firm Name or Address			
Name			Firm		
Address			City	State	ZIP Code

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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 permi	tted, 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.		

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

Cash Advantage Attn: Account Maintenance 409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5676