

409 Silverside Road, Suite 105
 Wilmington, DE 19809
 P: 800.650.5904
 F: 302.791.5680
 www.advisorbank.com

The undersigned requests and authorizes Advisor Bank to process the fund transfer transaction(s) between Advisor Bank accounts in accordance with the instructions provided below:

PART 1: Internal Funds Transfer Instructions

Customer name on Donor Account:

Donor Account Number (Transfer funds from this account)	Recipient Account Number (Transfer funds to this account)	Customer name on Recipient Account	Transfer Amount

PART 2: Limitations

By signing below, I understand that customer transfer requests will be processed on the business day they are received, except in the following instances:

- The transfer amount exceeds the available balance in the Donor Account;
- The status of the Donor and/or Recipient Account prohibits processing of the request;
- There is a discrepancy in the information customer has provided that prohibits processing of the request;
- A signature card or other documentation is not on file for the Donor and/or Recipient Account;
- There is a failure of equipment or communications that prevents processing of the request; and/or
- Advisor Bank receives notification or believes that the transfer request is forged, altered or unauthorized.

In addition, in the event the transferring accounts you have indicated on this request form are not titled the same or ownership among the transferring accounts changes, you agree that by signing this transfer request form and authorizing the requested fund transfer(s) you will indemnify Advisor Bank for any losses incurred resulting from any transaction(s) you initiate between the indicated accounts that is later returned or reported as unauthorized. If any transfer you initiate cannot be verified or completed, Advisor Bank will complete the transfer(s) it can and a notification will be sent to you regarding the transfer(s) that could not be processed, and you agree to hold Advisor Bank harmless for any loss resulting from the incomplete transfer(s).

PART 3: Signature

Signature of requesting customer:	Date: (mm/dd/yyyy)
Print Name of requesting customer:	Telephone number of requesting customer: (include area code)

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

Advisor Bank
 Attn: Fulfillment Department
 409 Silverside Road, Suite 105
 Wilmington, DE 19809
 F: 302.791.5680

FOR BANK USE ONLY

Verified by:	Completed by:	Approved by:
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