ADVISOR BANK

TheBancorp™

DURABLE POWER OF ATTORNEY

INSTRUCTIONS: Please complete all pages of this form and **fax or mail** to:

Advisor Bank
Attn: Operations Department
409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5680

PART 1: Depositor Information

Depositor Name | Account Number(s)

PART 2: Attorney-In-Fact Information

Attorney-In-Fact Name (print name) | Occupation

Date of Birth (mm/dd/yyyy) | Social Security Number

Address | City | State | ZIP Code

Home Phone

Signature Required:

Attorney-In-Fact Signature | Date (mm/dd/yyyy)

PART 3: Durable Power of Attorney Information

By signing this Durable Power of Attorney ("Power of Attorney"), I the undersigned Depositor appoint the above-named individual as my Attorney-In-Fact, with full power and authority to conduct transactions on my behalf concerning or relating to the deposit accounts listed above at Advisor Bank (the "Bank") as follows:

A. Powers Granted

I. To maintain, renew, modify or close any of the accounts listed above at the Bank and to accept and to agree on my behalf to any terms and conditions of such accounts, including the provision of services relating to the use telephone banking, Automated Clearing House transactions, and wire transfers.

II. To sign checks, drafts and other orders for withdrawal or otherwise make withdrawals or transfers from any of the accounts listed above at the Bank by check, order, draft, wire transfer, electronic funds transfer or otherwise.

III. To endorse, negotiate or otherwise transfer checks and other items for any purpose, including for deposit into any of the above-listed accounts at the Bank, or for cash.

IV. To receive account statements or other notices related to any of the accounts listed above at the Bank.

V. To do any other lawful act with respect to the accounts listed above at the Bank.

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The Bancorp Bank, N.A. Member FDIC.
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B. Limited Authority to Specific Accounts

The individual designated as the Attorney-in-Fact is granted the authority to exercise all powers described in this Power of Attorney with respect to ONLY those accounts with the Bank listed above.

C. Disability of Depositor

It is my intention that all powers conferred upon the Attorney-In-Fact shall remain in full force and effect at all times regardless if I become incapacitated or disabled and regardless of the lapse of time since the execution of this Power of Attorney.

D. Effective Date

This Power of Attorney shall become effective upon execution on the date shown below.

E. Revocation

This Power of Attorney will remain in effect until the Bank receives written notice that revokes this Power of Attorney, or that I have died and the Bank has had a reasonable opportunity to act on the notice.

F. Interpretation and Governing Law

This instrument is to be construed and interpreted as a general durable power of attorney. This instrument is delivered in the state of South Dakota, and the laws of the state of South Dakota shall govern all questions as to the validity of this power and the construction of its provisions without giving effect to conflicts of laws and principles.

I hereby acknowledge and agree I am solely responsible for updating this Power of Attorney to include any new account that I may establish with the Bank any time after the date shown below.

Further, I do hereby, for myself and for my heirs and personal representatives, agree to hold harmless and indemnify the Bank from all actions, claims, suits, actions, damages, judgments, costs, charges, and expenses, including court costs and attorneys' fees, against any and all liability, loss and damage of any nature whatsoever that may arise directly or indirectly by reason of the Bank's reliance on the Power of Attorney, including instructions received after termination of the Power of Attorney (by revocation or death of the Principal), but before Bank received written notice of the termination.

Signature of Depositor	Effective Date (mm/dd/yyyy)
Witness Signature	Print Name

PART 4: Notarization

State	County

On this day of _____ (Date (mm/dd/yyyy)), I, the undersigned, certity the Depositor, _____ personally appeared before me, who I am satisfied is the person who signed the foregoing Durable Power of Attorney, and he/she did acknowledge that he/she signed, sealed and delivered the same as his/her voluntary act and deed for the uses and purposes expressed in the foregoing Power of Attorney.

Name of Notary Public	Seal
Notary Public Signature	Commission Expiration Date (mm/dd/yyyy)

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