ADVISOR BANK

TheBancorp™

RESOLUTION FOR FACSIMILE SIGNATURE

RESOLVED, that _____ authorizes and directs The Bancorp Bank, N.A. ("Bank") to honor as genuine and authorized,
Company Name ("Company")

instruments of this Company any and all checks, drafts and/or other orders for the payment of money drawn in the name of this Company and signed with the facsimile signature(s) of any of the following.

Signature 1	Signature 2
Signature 3	Signature 4
Signature 5	Signature 6

FURTHER RESOLVED, that this Company assumes full responsibility for any and all payments made by the Bank in reliance upon the facsimile signature of any person or persons named in the foregoing resolution and agrees to indemnify and hold harmless the Bank against any and all loss, liability, cost, damage or expense suffered or incurred by the Bank arising out of or in any way connected with the use, misuse or unlawful or unauthorized use by any person of such facsimile signature.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of the said Company, _____ .
Date (mm/dd/yyyy)

Company Name	Account Number
Signature of Authorized Signer	
Print Name	Date (mm/dd/yyyy)

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

Advisor Bank
409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5680

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

Banking services provided by:
The Bancorp Bank, N.A. Member FDIC.
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