

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

I/We request that The Bancorp Bank (Bank) update my/our account(s) listed below to reflect the following changes with regard to third-party recipients of my/our 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.

PART 1: Account Information

Account Number:										Account Title:
Account Number:										Account Title:
Account Number:										Account Title:

NOTE: Unless otherwise noted on this form, changes listed in Part 2 will be made to all accounts listed in Part 1.

PART 2: Third-Party Statement Recipient(s) (e.g., Financial Professional, CPA, Attorney, etc.)

For purposes of this form, "Financial Professional" includes financial professionals, financial professional firms, advisors, agents and brokers.

Add Remove Change Firm Name or Address

Name:		
Firm:		
Address:		
City:	State:	Zip:

Add Remove Change Firm Name or Address

Name:		
Firm:		
Address:		
City:	State:	Zip:

PART 3: Signature – Required

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

Signature of Authorized Signer: (or Authorized Financial Professional)	
Authorized Signer Name: (or Authorized Financial Professional)	Date: (mm/dd/yyyy)
Phone: (and extension)	Email:

Allow one full statement cycle for the change to take effect.

Please **mail or fax** this completed form to: Advisor Bank, Attn: Account Maintenance
 409 Silverside Road, Suite 105, Wilmington, DE 19809 • 302.791.5680