

## REQUEST TO CHANGE NAME OR CONTACT INFORMATION

I request that The Bancorp Bank, N.A. (Bank) update the contact information on my account(s) listed below. I understand that I may be requested to provide additional information as proof of the change(s).

For a name change, the Bank will require proof of identity (copy of a valid driver's license, passport, state-issued ID or military ID) and documentation of the legal name change (copy of a marriage certificate, divorce decree, court order or other government-issued certification).

This form may only be used to update the name or contact information for existing Authorized Signers; it may not be used to add or remove signers.

NOTE: The individual signing this form must be an Authorized Signer on each of the accounts listed.

**Please complete the entire form (Parts 1-5).**

### PART 1: Account Information

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Account Number	Account Title
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Account Number	Account Title
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Account Number	Account Title
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### PART 2: Current Contact Information

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Full Name

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Mailing Address	City	State	Zip
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Street Address (if mailing address is a P.O. Box)	City	State	Zip
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Home Phone	Work Phone	Mobile Phone
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Email

# REQUEST TO CHANGE NAME OR CONTACT INFORMATION

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## PART 3: New Name/Contact Information

Check all boxes that apply:

Name Change

Contact Information Change

Full Name

Mailing Address

City

State

Zip

Street Address (if mailing address is a P.O. Box)

City

State

Zip

Home Phone

Work Phone

Mobile Phone

Email

## PART 4: Checks and Debit/ATM Card — Reorder

Please order new checks reflecting my new name and/or contact information, in the same style as my last check order. I understand that the affected account(s) may be charged in accordance with the Schedule of Fees associated with the account(s).

Account Number

New Check Starting Number

*For name change only:* Please order a new debit/ATM card(s) reflecting my new name. I understand that the affected account(s) may be charged in accordance with the Schedule of Fees associated with the account(s).

## PART 5: Signature — Required

The individual signing below must be an Authorized Signer on each of the accounts listed in Part 1:

Signature of Authorized Signer

Date (mm/dd/yyyy)

Print Name

*Allow up to five business days for the change(s) to become effective. Checks typically arrive within 7-14 business days.*

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

Advisor Bank Attn: Account Maintenance  
409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5680