



CHANGE IN TERMS REQUEST FORM (INCLUDING THE "INTEREST RATE CONVERSION NOTICE")

Use this Change In Terms Request Form ("Form") provided by The Bancorp Bank ("Bank" or "us") when submitting a change in terms request for a securities-backed line of credit account ("SBLOC") or insurance-backed line of credit account ("IBLOC") (individually and collectively referred to in this Form as "Account"). The Form may be completed and then submitted to the Bank by the Account owner ("Borrower," "my," "you," or "your") or the Borrower's authorized financial professional, financial professional firm, financial advisor, life insurance agent, or broker (referred to in this Form as "Financial Professional(s)"). All other defined terms used in this Form have the meanings assigned to them in the SBLOC Agreement or the IBLOC Agreement (collectively referred to in this Form as "Agreement").

A requested change in terms will not be effective until (a) Borrower or Financial Professional, as permitted, has executed and returned this Form and any additional documents requested by the Bank; (b) Bank confirms its approval of the requested change(s); and (c) in the case of the submission of an Interest Rate Conversion Notice ("Notice"): (i) the Notice has been received and accepted by the Bank; and (ii) the applicable Interest Rate Conversion Fee ("Fee") (described below) has been paid. The effective date of the change in terms requested in the Notice is described in your Account Agreement.

PART 1: Requestor

Borrower Financial Professional

PART 2: Account Information

Account Type

Securities-Backed Line of Credit Insurance-Backed Line of Credit*

Account Title

Account Number

* No Line of Credit increase is permitted within one-hundred-eighty (180) calendar days of the loan origination date. Maximum number of Line of Credit increases is two (2) within a twelve-month period.

PART 3: Change in Terms Requests

Please complete the applicable section(s).

A. Loan Amount Change

Increase Line of Credit to: _____ Decrease Line of Credit to: _____

Increase Line of Credit to maximum amount based on eligible Collateral.

Purpose of Increase/Use of Funds

NOTE: Neither an SBLOC nor IBLOC can be used for the purchase of additional securities or to pay off a margin loan that was used to purchase securities. If you have any questions about these limitations, please contact the Bank at 866.435.1370 before submitting your request for a change in terms.

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B. Interest Rate Change Options

Option 1: Interest Rate Conversion Notice

NOTE: Please consult your Financial Professional to confirm if the 36-Month Fixed Rate SBLOC or IBLOC option is currently available.

Convert my Account from the existing Variable Rate to the current 36-Month Fixed Rate

Convert my Account from the existing 36-Month Fixed Rate to the current Variable Rate**

Convert my Account from the existing 36-Month Fixed Rate to the current 36-Month Fixed Rate**

** The non-refundable Fee of \$500.00 applies to these requests.

Fee Payment Options:

Please select one (1) of the following Fee payment options:

Initiate a one-time payment of \$500 from my Account.

A check for \$500 will be mailed to the Bank. I understand the request will not be processed until the Bank receives the check.

Debit a one-time payment of \$500 from my Bank deposit account. The deposit account number is: _____

I authorize the Bank to originate an Automated Clearing House (ACH) transfer of \$500 to the Bank from my deposit account at the financial institution identified below. (Please provide all requested information and sign below.)

Deposit Account Name	Deposit Account Number	Account Type	
Financial Institution Name	ABA Routing Number (Please verify the financial institution uses this number for ACH transfers.)		
Financial Institution Address	City	State	ZIP Code

I hereby certify that no authorization of any party other than my authorization is necessary to provide for the withdrawal of funds from my account as contemplated by this authorization and that I am a Borrower on the Account with the Bank and an authorized signer on the account at the financial institution identified above. I acknowledge that the origination of ACH transfers must comply with the provisions of U.S. law.

Signature of Borrower/Authorized Signer	Date (mm/dd/yyyy)
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Option 2: Interest Rate Review

Request interest rate review

Request custom interest rate (for a line of credit of \$1 million or more)

NOTE: Additional documentation may be required.

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C. Collateral Change

Securities-Backed Line of Credit

Note: Your request may not be approved if the registration of the pledged Securities Account and the titling of the SBLOC are different.

Additional Securities Account(s) to be pledged as Collateral (include any and all sub-accounts, if applicable):

Securities Account Number(s)	Securities Account Title
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Remove pledged Securities Account(s) as Collateral:

Securities Account Number(s)	Securities Account Title
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Replacement Securities Account(s) to be pledged as Collateral (attach additional page(s) if necessary):

Securities Account Number(s)	Securities Account Title
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Securities Account Number(s)	Securities Account Title
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Insurance-Backed Line of Credit

Note: Borrower must be the owner of the whole-life insurance policy. Policy must be issued by a Bank-approved insurance carrier. Consult a tax advisor before pledging a policy as Collateral.

Additional life insurance policy to be pledged as Collateral:

Life Insurance Company	Life Insurance Policy Number
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Remove pledged life insurance policy as Collateral:

Life Insurance Company	Life Insurance Policy Number
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Replacement life insurance policy to be pledged as Collateral (attach additional page(s) if necessary):

Life Insurance Company	Life Insurance Policy Number
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Life Insurance Company	Life Insurance Policy Number
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NOTE: Additions, reductions, or other collateral related changes may subject the loan to a different variable interest rate tier.

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D. Partner Change

Partner shall mean the firm to which the Bank provides an integrated cash management solution including branded and/or non-branded banking services. Please complete this section if you will be switching your Securities Account(s) held as Collateral for an SBLOC to a new firm partnered with the Bank.

Replace pledged Securities Account(s) as Collateral due to change in Partner:

Current partner to be removed	Securities Account Number	Securities Account Title
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New partner to be added	Securities Account Number	Securities Account Title
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E. Document Delivery Method

Please select one:

Mail to: _____

Fax to: _____

Electronic Signature: _____
Email Mobile Phone

PART 4: Financial Professional Information

Financial Professional Name	Financial Professional Firm Name
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Email	Phone (include area code and extension)
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Address	City	State	ZIP Code
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PART 5: Signature(s)

Signature(s) Required

I am the Borrower for the Account identified in Part 2 or the authorized Financial Professional for the Account.

Signature of Borrower

Date (mm/dd/yyyy)

Print Borrower Name

Signature of Authorized Financial Professional

Date (mm/dd/yyyy)

Print Authorized Financial Professional Name

Financial Professional Complete User ID (if applicable)

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

The Bancorp
Attn: Loan Department
409 Silverside Road, Suite 105
Wilmington, DE 19809

Fax: 302.791.5787
Phone: 866.435.1370