

409 Silverside Road, Suite 105
Wilmington, DE 19809
P: 866.221.5307
F: 610.676.1021
www.seicashaccess.com

Instructions for Completing the Individual/Joint Account Application for a Securities Backed Line of Credit

Please read carefully!

This application is for an individual/joint Securities Backed Line of Credit (SBLOC) account. To open an SBLOC and to comply with banking regulations and federal law, the following are required:

- **Completed, signed application.**
- **Copy of current driver's license for each applicant.**

Note: *The collateral account(s) must be able to support a minimum SBLOC commitment amount of \$75,000.*

Application Instructions

Please complete **all** sections (as applicable). Incomplete applications will delay processing and may be returned.

- **Part 1** – Provide personal information about the Primary Account Holder (Authorized Signer #1).
- **Part 2** – Provide personal information about the Joint Account Holder (Authorized Signer #2), if applicable.
- **Part 3** – Identify the applicable account type and **sign where indicated**, define the loan amount requested, provide the initial loan purpose/use of funds, provide collateral account information, and answer all remaining questions.
- **Part 4** – Indicate whether you currently have an SEI Cash Access Account (CAA) and which features you would like for your SBLOC. Available features include Automatic Interest Payments, CAA Overdraft Protection, and SBLOC Checks.
Note: If you do not yet have a checking account with us and would like to open one, please complete and submit a CAA application. This application will not automatically open a CAA.
- **Part 5** – Provide information about the Financial Professional (advisor/agent/broker) who will be authorized to view or obtain information about the account. The **Financial Professional must sign** and date the form.
- **Part 6** – **Each applicant must sign** and date the application and agree to be bound by the authorizations, indemnifications and agreements referenced in it.

Submission of Application

Please **mail or fax** (a) the completed, signed application form and (b) a copy of each applicant's driver's license to:

SEI Private Trust Company
Attn: Advisor Network (Service Team)
P.O. Box 1098
Oaks, PA 19456-9907
Fax: 610.676.1021 (include the number of pages being faxed)

Note: *For faster processing, please mail or fax the application to SEI's Oaks office, not to our corporate headquarters in Delaware.*

Account Processing

Please allow two to three business days for processing after we receive your completed application and all necessary documentation. If approved, you will receive your loan documents by overnight mail, with instructions on how to complete and return them.

You will receive the following items, as applicable, 7-14 business days after the loan is established:

- Welcome email/letter #1, which includes your user ID for online account access and instructions for getting online
- Welcome email/letter #2 (one day after email/letter #1), which includes your password for online account access
- Initial order of checks, if applicable

Each item will be sent separately for security purposes.

PLEASE KEEP A COPY OF THE APPLICATION FOR YOUR RECORDS.

It contains important information you may wish to review once your account has been opened.

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Banking services provided by The Bancorp Bank. 

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Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each customer who opens an account. What this means for you: when you open an account, we will ask you your name, address, date of birth and other information that will allow us to identify you. We may also ask to see a copy of your driver's license or other identifying documents.

Please read and complete the entire application form (Parts 1-6, as applicable). Please keep a copy of the application for your records.

PART 1: Primary Account Holder - Personal Information			
Authorized Signer #1 First Name: (primary contact)		MI:	Last Name:
Social Security Number:		Date of Birth: (mm/dd/yyyy)	
Permanent Address: (P.O. Box not accepted)			Apt. #:
City:		State:	Zip:
Mailing Address: (if different than Permanent Address)			Apt. #:
City:		State:	Zip:
Home Phone:	Mobile Phone:	Email:	
Present Employer:		Position:	
Business Phone: (and extension)		Occupation:	
Annual Income:		Other Income:*	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Mortgage or Rent Payment:	Years at Address:	

*You need not disclose income from alimony, child support, or separate maintenance if you do not choose to have it considered as a basis for repayment of this loan.

Please **mail or fax** this completed application to: SEI Private Trust Company, Attn: Advisor Network (Service Team)
P.O. Box 1098, Oaks, PA 19456-9907 • Fax: 610.676.1021

For faster processing, please mail or fax the application to SEI's Oaks office, not to our corporate headquarters in Delaware.

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Last Name of Primary Account Holder:

PART 2: Joint Account Holder - Personal Information

Authorized Signer #2 First Name:		MI:	Last Name:	
Social Security Number:		Date of Birth: (mm/dd/yyyy)		
Permanent Address: (P.O. Box not accepted)				Apt. #:
City:		State:	Zip:	
Mailing Address: (if different than Permanent Address)				Apt. #:
City:		State:	Zip:	
Home Phone:	Mobile Phone:		Email:	
Present Employer:			Position:	
Business Phone: (and extension)		Occupation:		
Annual Income:		Other Income:*		
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Mortgage or Rent Payment:		Years at Address:	

*You need not disclose income from alimony, child support, or separate maintenance if you do not choose to have it considered as a basis for repayment of this loan.

PART 3: SBLOC Application

A. This application is for: Individual Credit Signature of Primary Applicant: _____
 Joint Credit Signature of Joint Applicant: _____

The primary and joint applicant (if applicable) must sign above.

For joint applications, both parties will have full access to the account and will be fully responsible for repayment of the funds.

B. Loan Amount Requested (select one):

Note: *The collateral account(s) must be able to support a minimum SBLOC commitment amount of \$75,000.*

The maximum line of credit available based on the proposed ELIGIBLE collateral (100% of cash and equivalents, 90% of Treasuries, 80% of QUALIFIED investment-grade fixed income, or 50% of equities and other non-hedge assets, subject to underwriting requirements).

The maximum credit limit assigned to your SBLOC will be provided in your acceptance letter. As your securities gain in value, your credit limit will automatically be increased up to that maximum limit.

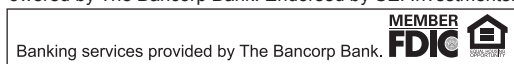
Other line amount: \$ _____

This will be the maximum credit limit assigned to your SBLOC.

C. Initial Loan Purpose/Use of Funds: _____

Funds may not be used to purchase securities.

(Part 3 continued on next page)



Last Name of Primary Account Holder:

PART 3 (continued from previous page)

D. Please answer the following questions:

1. Are you a co-signer or guarantor on any other loans or contracts, including commercial obligations? Yes No
2. Are there any unsatisfied judgments against you? Yes No
3. Have you ever filed for bankruptcy? Yes No

If "Yes" to any question, please explain:

E. Collateral Accounts

Collateral Account Number	Account Title	Current Custodian (if account is not held at SEI Investment Company)	Check to Include All Sub-Accounts
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

F. Select all that apply (if either is checked, a bank representative will contact your Financial Professional for details):

- Assets currently serve as collateral for a margin or securities backed loan to be paid off.
- I/We have one or more existing automatic distributions from the Collateral Account listed above.

G. Please indicate the anticipated transaction volume and dollar amounts of account activity. Your estimates should include both incoming and outgoing transactions (must be completed):

Services / Transaction Type	Estimated # of Transactions (Monthly)	Estimated \$ of Transactions (Monthly)
ACH	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20	<input type="checkbox"/> \$0 <input type="checkbox"/> \$1-500 <input type="checkbox"/> \$501-1,000 <input type="checkbox"/> \$1,001-2,500 <input type="checkbox"/> \$2,501-5,000 <input type="checkbox"/> \$5,001+
Wire Transfers	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20	<input type="checkbox"/> \$0 <input type="checkbox"/> \$1-500 <input type="checkbox"/> \$501-1,000 <input type="checkbox"/> \$1,001-2,500 <input type="checkbox"/> \$2,501-5,000 <input type="checkbox"/> \$5,001+
Checks	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20	<input type="checkbox"/> \$0 <input type="checkbox"/> \$1-500 <input type="checkbox"/> \$501-1,000 <input type="checkbox"/> \$1,001-2,500 <input type="checkbox"/> \$2,501-5,000 <input type="checkbox"/> \$5,001+

Will account be used for international transactions? Yes No

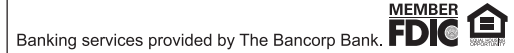
If yes, list up to 3 non-U.S. countries where transactions may be sent or may originate:

H. Mail loan documents for this account to (check all that apply):

- Financial Professional (refer to Part 5, below) Authorized Signer #1 (primary contact)

I. Important Notes:

- All distributions, current and future, from Collateral Accounts require prior Bank authorization.
- Obtaining the maximum line of credit may impact distributions from the Collateral Accounts.
- Borrower must pay any state and local taxes and/or third-party fees associated with the opening of this account. These will be disclosed to Borrower prior to account opening, and payment will be required prior to opening.
- Your credit limit will automatically be reduced if the borrowing power or "Advance Rate" value of your pledged Securities Account no longer supports the approved credit limit.
- Please verify your current credit limit and available credit before requesting advances or writing checks, as you will not receive specific notice when the credit limit changes.
- Please refer to your loan documents for further information.



Last Name of Primary Account Holder:

PART 4: SBLOC Account Features and Relationship to CAA

Do you currently have an SEI Cash Access Account (CAA), or is a CAA in the process of being opened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide CAA account number (if known):	
If no, and you would like to open a checking account with us, please complete and submit a CAA application. This application will not automatically open a CAA.	

Indicate whether you would like the following features for your SBLOC. There is no charge for these services.

<p>CAA Overdraft Protection The SBLOC may be used as overdraft protection for your CAA checking account, in the event a check or bill-pay item overdraws the account. If you choose this protection and your CAA checking account does not have sufficient funds to cover checks or bill-pay items, available funds will be advanced first from the SBLOC to the CAA checking account to cover the amount of the overdraft. If additional funds are needed to cover the amount of the overdraft, available funds in the SEI Private Trust Company linked account will be transferred to the CAA checking account. If you have a CAA checking account or are opening one, would you like the SBLOC to provide overdraft protection for that account? <i>Note: Your CAA checks will only draw from the SBLOC in the event a check or bill-pay item causes an overdraft in the CAA. If you wish to draw funds directly from your line of credit by check, you may request SBLOC checks (see below).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>SBLOC Checks SBLOC checks allow you to borrow funds directly from your SBLOC. (The SBLOC also may be accessed by wire transfers and ACH transfers.) The name of each Authorized Signer and the mailing address of Authorized Signer #1 will appear on the checks. Would you like an order of free SBLOC checks?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Automatic Interest Payments If you have a CAA checking account, your monthly interest payments due to the SBLOC may be automatically deducted from your CAA on the 19th day of each month or the first business day thereafter. If you have a CAA or are opening one, would you like payments automatically deducted from your account?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you do not have a CAA and would like to set up automatic payments from an alternate bank, please provide information about the account from which you would like to have your monthly SBLOC interest payments automatically deducted.

Bank Name:	ABA Routing Number:
Account Number:	Account Title:

PART 5: Financial Professional Information - Signature Required

For purposes of this application, financial professionals, financial professional firms, advisors, agents and brokers shall be referred to, individually and collectively, as "Financial Professionals."

Financial Professional Name:		Financial Professional Firm Name:	
Broker Dealer Name: (If affiliated this is required)			
Last 5 Digits of Financial Professional's Business Builder ID:		TotalCash® Manager (TCM) Company ID:	
Business Address: (City and State)			Zip:
Business Phone: (and extension)	Mobile Phone:	Email:	
Signature of Financial Professional: (must be an authorized signer of Firm)			Date: (mm/dd/yyyy)

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Last Name of Primary Account Holder:

PART 6: Authorizations, Indemnifications and Agreements - Signatures Required

Limited Attorney-in-Fact Authorization and Indemnification

I/We hereby authorize my/our Financial Professional and Financial Professional firm (collectively, the "Financial Professional") to facilitate the transfer of funds between this account and my/our SEI Private Trust Company (SPTC) account linked to this account and to perform account level maintenance to this account. (For a listing of the account level maintenance that can be performed by Financial Professionals and the related processes, visit www.seicashaccess.com.) I/We appoint the Financial Professional referenced herein as my/our agent and limited attorney-in-fact with respect to this transfer of funds authorization. The Bank may treat such Financial Professional's instructions as my/our valid orders. In addition, the Financial Professional may view or obtain information on all of my/our accounts at the Bank, whether previously opened, now opened or opened in the future. The Financial Professional shall not be authorized to withdraw funds or assets from the account except as specifically provided herein.

I/We agree to indemnify, defend and hold harmless SPTC, the Bank and their respective directors, officers, employees, agents, successors and assigns from and against any and all claims, demands, harmless losses, liabilities or expenses, including reasonable attorneys' fees (whether or not such attorneys are employees of SPTC, the Bank or any respective affiliated company), resulting from the Financial Professional's use of the services with respect to the accounts and/or from SPTC or the Bank acting on instructions. I/We understand and agree that if the Financial Professional's use of the services and/or any instructions acted upon by SPTC or the Bank are not within the authority I/we have granted to the Financial Professional, my/our recourse shall be to the Financial Professional, and not to SPTC or the Bank.

Other Agreements, Authorizations and Indemnifications

- I/We agree to notify the Bank immediately, in writing, of any material change in the facts stated in this application.
- I/We authorize the Bank to order consumer reports about me/us from consumer reporting agencies and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain about me/us in response to such inquiries.
- I/We authorize the Bank to receive information as occasioned from time to time regarding me/us or my/our proprietors, partners, principals, agents or representatives from third parties, and to verify any information on the application. I/We waive any claims against the Bank for invasion of privacy or any similar claim that might arise as a result of the Bank's investigation of me/us or my/our proprietors, partners, principals, agents or representatives.
- I/We understand that, upon execution of this account application and authorization, the Bank shall provide me/us with a user ID and password ("Access Codes") for online access to my/our account. I/We agree to assume all risks and losses associated with the disclosure of my/our Access Codes to third parties.
- I/We understand that the Bank's ability to provide services hereunder may be conditioned on the continuing availability of certain services from third parties with which the Bank has contracted. Therefore, I/we authorize the Bank to share my/our personal information with third parties consistent with the Bank's privacy practices.
- I/We authorize the transfer of information, as necessary, between my/our account at the Bank and my/our account at SPTC for the purpose of providing bank account information and to facilitate the CAA Program.
- I/We understand and accept that this loan account is subject to all applicable rules and regulations adopted by the Bank and as amended from time to time.

Signatures

I/We authorize the transfer of funds and information, as necessary, to and from my/our account at SPTC and my/our account at the Bank for the purpose of executing banking and credit services. I/We understand that this authorization shall act as a standing instruction to transfer funds between these accounts as set forth in this application. I/We acknowledge that my/our signature(s) at the conclusion of this Part 6 is/are the same signature(s) on file for my/our account(s) at SPTC, or if it/they is/are not the same, the owner(s) of the SPTC account(s) has/have given authorization to use the SPTC account(s) as collateral. I/We understand that I/we must notify the Bank and SPTC, either through my/our Financial Professional or directly through the Bank, in writing, in order to cease any disbursements out of, or transfers between, the Bank and SPTC accounts.

Signature of Authorized Signer #1:	
Print Name:	Date: (mm/dd/yyyy)

Signature of Authorized Signer #2:	
Print Name:	Date: (mm/dd/yyyy)

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