

### Instructions for Completing the Application for a Securities Backed Line of Credit for a Trust

*Please read carefully!*

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

- **Completed, signed application form.**
- **Copy of current driver's license for each Trustee.**
- **Copy of the Certification of Trust or other evidence that the Trust can borrow (a copy of the full Trust Agreement may be required).**
- **Copy of the IRS verification letter assigning the Trust's Tax Identification Number (TIN), if the Trust's TIN is different than the Social Security Number of a Trustee.**

**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 information about the Trust.
- **Part 2** – Provide personal information about each Trustee (Trustee #1 will be designated as the primary contact).
- **Part 3** – 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 the Trust currently has an SEI Cash Access Account (CAA) and which features you would like for its 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** – Read; no other action necessary.
- **Part 7** – **Each Trustee 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, (b) a copy of each Trustee's driver's license, (c) a copy of the Certification of Trust or other evidence that the Trust can borrow (a copy of the full Trust Agreement may be required), and (d) a copy of the IRS verification letter assigning the Trust's TIN, if the Trust's TIN is different than the Social Security Number of a Trustee, 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.**

Powered by The Bancorp Bank. Endorsed by SEI Investments.

Banking services provided by The Bancorp Bank. 

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

### 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 1-7, as applicable). Please keep a copy of the application for your records.

PART 1: Trust Information			
Type of Trust:	<input type="checkbox"/> Revocable Trust		<input type="checkbox"/> Irrevocable Trust
Trust Name:		Federal Tax ID Number/ Social Security Number:	
Street Address: (P.O. Box not accepted)			
City:		State:	Zip:
Mailing Address: (if different than Street Address)			
City:		State:	Zip:
Phone: (and extension)			

List any Contributor/Benefactor/Settlor/UBO (Ultimate Beneficiary Owner) with <u>authority/control</u> over account activities.		
Name:	Title:	Share %:
Name:	Title:	Share %:
Name:	Title:	Share %:
Name:	Title:	Share %:
Name:	Title:	Share %:

PART 2: Personal Information for Trustees			
Trustee #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:
Home Phone:	Mobile Phone:	Email:	

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.*

Powered by The Bancorp Bank. Endorsed by SEI Investments.



Trust Name:

**PART 2 (continued from previous page)**

Trustee #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:
Home Phone:	Mobile Phone:		Email:	

Trustee #3 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:
Home Phone:	Mobile Phone:		Email:	

Trustee #4 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:
Home Phone:	Mobile Phone:		Email:	

**PART 3: SBLOC Application**

**A. 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 the SBLOC will be provided in the acceptance letter. As the Trust's securities gain in value, the credit limit will automatically be increased up to that maximum limit.*

- Other line amount: \$ \_\_\_\_\_

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

**B. Initial Loan Purpose/Use of Funds:** \_\_\_\_\_

Funds may not be used to purchase securities.

*(Part 3 continued on next page)*

Trust Name:

**PART 3 (continued from previous page)**

**C. Please answer the following questions:**

1. Is the Trust or any Trustee a co-signer or guarantor on any other loans or contracts, including commercial obligations?  Yes  No
2. Has the Trust or any Trustee ever had any unsatisfied judgments?  Yes  No
3. Has the Trust ever filed for bankruptcy?  Yes  No

If "Yes" to any question, please explain:

**D. 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"/>

**E. 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.
- The above Collateral Account(s) has one or more existing automatic distributions.

**F. 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)		
<b>ACH</b>	<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"/> \$1,001-2,500	<input type="checkbox"/> \$1-500 <input type="checkbox"/> \$2,501-5,000	<input type="checkbox"/> \$501-1,000 <input type="checkbox"/> \$5,001+
<b>Wire Transfers</b>	<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"/> \$1,001-2,500	<input type="checkbox"/> \$1-500 <input type="checkbox"/> \$2,501-5,000	<input type="checkbox"/> \$501-1,000 <input type="checkbox"/> \$5,001+
<b>Checks</b>	<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"/> \$1,001-2,500	<input type="checkbox"/> \$1-500 <input type="checkbox"/> \$2,501-5,000	<input type="checkbox"/> \$501-1,000 <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:

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

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

**H. 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.
- The credit limit will automatically be reduced if the borrowing power or "Advance Rate" value of the pledged Securities Account no longer supports the approved credit limit.
- Please verify the 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 the loan documents for further information.

Powered by The Bancorp Bank. Endorsed by SEI Investments.



Trust Name: **PART 4: SBLOC Account Features and Relationship to CAA**Does the Trust currently have an SEI Cash Access Account (CAA), or is a CAA in the process of being opened?  Yes  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 the SBLOC. There is no charge for these services.

**CAA Overdraft Protection**

The SBLOC may be used as overdraft protection for the Trust's CAA checking account, in the event a check or bill-pay item overdraws the account. If you choose this protection and the Trust's 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.

 Yes  No

If the Trust has a CAA checking account or is opening one, would you like the SBLOC to provide overdraft protection for that account?

*Note: The Trust's 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 this line of credit by check, you may request SBLOC checks (see below).*

**SBLOC Checks**

SBLOC checks allow the Trust to borrow funds directly from this SBLOC. (The SBLOC also may be accessed by wire transfers and ACH transfers.) The name of each Trustee and the mailing address of Trustee #1 will appear on the checks.

 Yes  No

Would you like an order of free SBLOC checks?

**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.

 Yes  No

If you have a CAA or are opening one, would you like payments automatically deducted from your account?

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:	
<b>Signature of Financial Professional:</b> (must be an authorized signer of Firm)			Date: (mm/dd/yyyy)

Powered by The Bancorp Bank. Endorsed by SEI Investments.

Banking services provided by The Bancorp Bank. 

Trust Name:

## PART 6: Trustee Actions

### Approval(s) of Trustee(s) for All Transactions – Bank Not Liable for Confirming Authority of Trustee(s).

For purposes of this application, SEI Cash Access Program shall be referred to as “the Bank.”

In completing this application to open an account with the Bank as Trustee(s) pursuant to the provisions of the trust instrument (the “Trust”) provided with this application, the appointed Trustee(s) named in the provisions of the Trust (or their successors) agree that he/she/they shall be solely, or jointly and severally, liable, as the case may be, to ensure that paper, telephone, online and all other transactions are made in accordance with the terms of the Trust.

For example, where the transaction method only provides one approval mechanism for a transaction’s approval and the Trust requires Trustee approval by two (2) or more Trustees under the provisions of the Trust, it shall be the Trustees’ responsibility to designate a Trustee approver in compliance with and pursuant to the provisions of the Trust, and the Bank shall not assume any liability relating to any Trustee’s signature or approval.

## PART 7: Authorizations, Indemnifications and Agreements - Signatures Required

### Limited Attorney-in-Fact Authorization and Indemnification

The Trust, by its Trustee(s) signing below and their successor trustees (the “Trustee(s)”), hereby authorizes the Financial Professional and Financial Professional firm identified in Part 5 of this application (collectively, the “Financial Professional”) to facilitate the transfer of funds between this account and the Trust’s 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](http://www.seicashaccess.com).) The Trustee(s) appoint the Financial Professional referenced herein as the agent and limited attorney-in-fact for the Trust with respect to this transfer of funds authorization. The Bank may treat such Financial Professional’s instructions as the valid orders of the Trust. In addition, the Financial Professional may view or obtain information on all of the Trust’s 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.

The Trust agrees 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. The Trust understands and agrees 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 granted to the Financial Professional by the Trust, the recourse of the Trust shall be to the Financial Professional, and not to SPTC or the Bank.

### Other Agreements, Authorizations and Indemnifications

- The Trustee(s) agree to notify the Bank immediately, in writing, of any material change in the facts stated in this application.
- The Trustee(s) authorize the Bank to order consumer reports about me/us individually 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.
- The Trustee(s) authorize the Bank to receive information as occasioned from time to time regarding me/us individually or my/our proprietors, partners, principals, agents or representatives from third parties, and to verify any information on the application. The Trustee(s) 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.
- The Trustee(s) 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 the Trust’s account. I/We agree to assume all risks and losses associated with the disclosure of my/our Access Codes to third parties.
- The Trust understands 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, the Trustee(s) authorize the Bank to share information relating to the Trust and my/our personal information with third parties consistent with the Bank’s privacy practices.
- The Trustee(s) authorize the transfer of information, as necessary, between the Trust’s account at the Bank and its account at SPTC for the purpose of providing bank account information and to facilitate the CAA Program.
- The Trust understands and accepts that this loan account is subject to all applicable rules and regulations adopted by the Bank and as amended from time to time.

*(Part 7 continued on next page)*

Trust Name:

**PART 7 (continued from previous page)**

**Signatures**

I/We, as Trustee(s), authorize the transfer of funds and information, as necessary, to and from the Trust's account at SPTC and its 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 7 is/are the same signature(s) on file for the Trust's 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 the Trust's 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 Trustee #1:	Date: (mm/dd/yyyy)
Print Name:	Title:

Signature of Trustee #2:	Date: (mm/dd/yyyy)
Print Name:	Title:

Signature of Trustee #3:	Date: (mm/dd/yyyy)
Print Name:	Title:

Signature of Trustee #4:	Date: (mm/dd/yyyy)
Print Name:	Title: