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SECURITIES-BACKED LINE OF CREDIT ACCOUNT APPLICATION

SEI New ways.
New answers.®

Banking Services Provided by
The Bancorp Bank,
MEMBER FDIC, EQUAL HOUSING LENDER

Powered by The Bancorp Bank
endorsed by SEI Investments

Use this application for a client desiring ONLY a Securities-Backed Line of Credit. This product is not related to nor will it be linked to the Cash Access Account program. Clients can access the Line of Credit via check or wire (fee may apply).

PART 1: Personal Information - Primary Account Holder

Please Fill Out Completely

First Name:	MI:	Last Name:	Date of Birth: / /
SSN:	Driver's License # and State Issued:	Mother's Maiden Name:	
Permanent Address:			Apt./Box#:
City:		State:	Zip:
Home Phone:	Mobile Phone:	Email:	

Required Information for Loan Request	Loan Purpose/Use of funds:
Current Monthly Income*:	Business/Occupation:
Present employer:	Business Phone:
Years in Field:	Fax:

* 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.

This application is for ☐ Individual

Primary Account Holder Initials

Joint Account Holder Initials

☐ Joint credit

PART 2: Personal Information - Joint Account Holder

First Name:	MI:	Last Name:	Date of Birth: / /
SSN:	Driver's License # and State Issued:	Mother's Maiden Name:	
Permanent Address:			Apt./Box#:
City:		State:	Zip:
Home Phone:	Mobile Phone:	Email:	

Required Information for Loan Request	Loan Purpose/Use of funds:
Current Monthly Income*:	Business/Occupation:
Present employer:	Business Phone:
Years in Field:	Fax:

* 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: Loan Request - General Information

Please answer the following questions:

1. Are you a co-maker or endorser on any other contracts? ☐ Yes ☐ No
2. Have you ever had any unsatisfied judgements against you? ☐ Yes ☐ No
3. Have you ever filed for bankruptcy? ☐ Yes ☐ No

Fax Completed Form to 610.676.1021 or Mail to:
SEI Private Trust Company, Attn: Advisor Network (Service Team)
P.O. Box 1098, Oaks, PA 19456-9907

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The Bancorp Bank

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PART 4: Loan Information

Collateral Account Number(s):	Account Title(s)*:	Securities Held At:	Check to Include All Sub-Accounts
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

*Please submit associated agreements & addendums along with the application, if account is registered other than individual/joint.

Loan Amount Requested (Select One):

- ☐ The maximum line of credit available based on the proposed collateral. (50% of equities, 80% of investment-grade fixed income, 90% of treasuries, 100% of cash and equivalents, subject to underwriting requirements.)**
- ☐ Other amount \$ _____
- ☐ Assets currently serve as collateral for a margin or securities backed loan to be paid off. (if checked, a bank representative will contact advisor for details.)
- ☐ Currently, I/we receive distributions from the Collateral Account above and acknowledge that distributions will be discontinued once the line of credit is established.
- ☐ Currently, I/we have check writing capabilities associated with the Collateral Account above and acknowledge that I/we will be unable to use this feature once the line of credit is established.
- ☐ Please order Line of Credit checks for my/our account.
 - ☐ I/we would also like a Debit Card.***
 - ☐ I/we would like an ATM card in lieu of a Debit Card.***
 - ☐ I/we do not want the card sent to the Joint Account Holder.

*** Select a four digit numerical PIN ____ _ _ _ _

Payment of Interest (Select One):

- ☐ I/we would like to receive a bill for interest *monthly*. ☐ Bill me/us ☐ Automatically deduct payment from my/our checking/savings account
- ☐ I/we would like to receive a bill for interest *quarterly*. ☐ Bill me/us ☐ Automatically deduct payment from my/our checking/savings account

Send loan documents to: ☐ Advisor ☐ Client

Important Note: All distributions from collateral accounts will require prior bank authorization. If loan is originated, all automatic distributions associated with the collateral accounts will be terminated.

**Note that acquiring the maximum line amount will preclude any distributions from the collateral account.

PART 5: Authorizations

- I/we authorize the transfer of funds and information, as necessary, from my/our account at SPTC to 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 at the conclusion of this Part 5 is the same signature on file for my accounts at SPTC.
- I understand that I must notify Bank and SPTC either through my advisor or directly through the bank, in writing in order to cease any disbursements out of, or transfers between, the Bank and SPTC accounts.
- I/we authorize the Bank to check my/our credit and employment history, and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain in response to such credit inquiries if I/we have applied for a line of credit or debit card.
- All information set forth in this application is declared to be a true representation of the facts and made for the purpose of obtaining the credit requested.
- I/we agree to notify the Bank immediately in writing of any material change in the facts stated in this application including, without limitation, any address changes, or any changes to either the Bank or SPTC account registrations.

By signing this application, I/we agree to be bound by the agreements, terms and conditions of the account.

This deposit account and/or loan account is subject to all applicable rules and regulations adopted by the Bank. My signature acknowledges my acceptance of the Truth in Savings Disclosure governing these accounts. The Truth in Savings and all other Disclosures are available at the Website.

I/we hereby authorize the advisor and advisor firm (collectively, the "Advisor") referenced herein as my/our agent and limited attorney-in-fact to use the Bank's "Services" as defined in, and pursuant to the SEI Advisor Network Banking Services Agreement (the "Agreement") for the limited purpose of transferring funds between like-titled accounts, viewing and receiving information relating to my/our Accounts held at the Bank, whether previously opened, now open or opened in the future, solely pursuant to my written instructions to Advisor as set forth under separate written instrument(s) between Advisor and me/us, and all other things necessary or incidental thereto. I/we understand that a copy of the Agreement is on the Website, and I/we have reviewed it to the extent that I/we have deemed appropriate prior to executing this Account Application and Authorization. The Bank may treat the Advisor's instructions ("Instructions") as my valid orders.

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 understand that the Bank may share my personal information with third parties consistent with the Bank's privacy policy, which I/we have read and understood.

Upon execution of this Account Application and Authorization, Bank shall provide me/us with a user name and password ("Access Codes"). I/we agree to assume all risks and losses associated with the disclosure of my/our Access Codes to third parties.

PART 5: Authorizations (Cont.)

I/we agree to indemnify, defend and hold SPTC and the Bank, its respective directors, officers, employees, agents, successors and assigns harmless from and against any and all claims, demands, 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 Advisor'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 Advisor'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 Advisor, my recourse shall be to Advisor, and not to SPTC or the Bank.

I/we have read and understand the above authorizations and all applicable rules and regulations.

SPTC Primary Account Holder Name:	SPTC Primary Account Holder Signature:
SPTC Joint Account Holder Name:	SPTC Joint Account Holder Signature:

PART 6: TIN Certification - Signatures Required

You verify that all information provided above is correct to the best of your knowledge.

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 that 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 your driver's license or other identifying documents. This information will be verified to ensure the identity of all persons opening an account. In certain instances, we are required to collect documents to fulfill our legal obligation. Documents provided in connection with your application will be used solely to establish and verify a customer's identity, and we shall have no obligation with respect to the terms of any such document.

Under penalties of perjury, I certify that: 1. the number shown on this form is my correct taxpayer identification number (TIN) (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding under Internal Revenue Service (IRS) regulations, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding. 3. I am a U.S. citizen (including a U.S. resident alien).

CERTIFICATION INSTRUCTIONS - You must cross out item 2 above if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

Primary Account Holder - Signature Required	Date: / /	Joint Account Holder - Signature Required	Date: / /
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PART 7: Advisor Information

By signing below, your Advisor shall have the ability to transfer funds between your SPTC Linked Account and your Bank accounts, and shall view and receive information relating to such accounts.

Advisor Name:		Advisor Firm Name:	
Advisor Phone:	Last 5 Digits of your Business Builder ID:	Advisor Zip Code:	
Advisor Signature - Required (Advisor must be an authorized signer of Advisor Firm):			

PART 8: Third Party Statement Recipient (e.g. Advisor, CPA, Attorney, Etc.)

☐ Check here if there are no third party statement recipients at this time.

Name:
Firm:
Street Address:
City, State, Zip: