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**MAIL YOUR CHECK WITH THIS FORM TO:**

MICHAEL WHITE ASSOCIATES, LLC  
823 KING OF PRUSSIA ROAD, RADNOR, PA 19087

PHONE: 610.254.0440

**ORDER FORM**

	NUMBER OF REPORTS	COST PER REPORT	TOTAL COST
BOLI CAPITAL CONCENTRATION REPORT		\$	\$
SUBTOTAL			\$
TOTAL - ENCLOSE CHECK MADE PAYABLE TO "MICHAEL WHITE ASSOCIATES"			\$

NUMBER OF BOLI REPORTS	COST PER REPORT
1	\$350.00
2	\$315.00 - <i>SAVE 10%</i>
3 - 4	\$297.50 - <i>SAVE 15%</i>
<i>CALL 610.254.0440 FOR PRICING ON ORDERS OF 5 OR MORE REPORTS.</i>	

**BUYER INFORMATION:**

NAME		ADDRESS	
TITLE			
ORGANIZATION		CITY STATE ZIP	
PHONE ( )	FAX ( )	EMAIL <small>COPY OF REPORT WILL BE SENT TO THIS EMAIL ADDRESS</small>	

**RECIPIENT INFORMATION:**

NAME		ADDRESS	
TITLE			
ORGANIZATION		CITY STATE ZIP	
PHONE ( )	FAX ( )	EMAIL <small>REPORT WILL BE SENT TO THIS EMAIL ADDRESS</small>	

**PLEASE SEND A BOLI CAPITAL CONCENTRATION REPORT ON:**

INSTITUTION NAME <small>NOTE: BOLI REPORT NOT AVAILABLE FOR BHCS WITH LESS THAN \$150 MILLION IN ASSETS, SAVINGS ASSOCIATIONS OR THRIFTS</small>			INSTITUTION STATE		
TYPE OF INSTITUTION	<input type="checkbox"/> BANK <input type="checkbox"/> BHC <small>(CHOOSE ONE)</small>	BANK CERT # OR BHC ID#	<input type="text"/>	REPORT ON YTD PERIOD ENDING	<input type="checkbox"/> JUNE 30 <input type="checkbox"/> DECEMBER 31 <small>(CHOOSE ONE)</small>
			<input type="text"/>		<input type="text"/>
			<small>(OPTIONAL)</small>		<small>INDICATE YEAR</small>

# BOLI CAPITAL CONCENTRATION REPORT ORDER FORM CONTINUED

PLEASE MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED AND SUBMIT THEM WITH YOUR ORDER

## BUYER INFORMATION:

NAME	ORGANIZATION
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NAME		ADDRESS	
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