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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			
MWA FEE INCOME RATINGS REPORT		\$	\$			
TOTAL – ENCLOSE CHECK MADE PAYABLE TO MICHAEL WHITE ASSOCIATES"						

NUMBER OF FEE INCOME RATINGS REPORTS	COST PER REPORT
1	\$250.00
2	\$225.00 - SAVE 10%
3 - 4	\$212.50 - SAVE 15%
CALL 610 254 0440 FOR PRICING OF	N ORDERS OF 5 OR MORE REPORTS

BUYER INFORMATION:						
NAME		ADDRESS				
TITLE						
ORGANIZATION		CITY STATE Z	IP			
PHONE ()	FAX ()	EMAIL		COPY OF REPOR	RT WILL BE SENT TO THIS EMAIL ADDRESS	
RECIPIENT INFORMATION: (IF DIFF	ERENT FROM BUYER)					
NAME		ADDRESS				
TITLE						
ORGANIZATION		CITY STATE Z	IP			
PHONE ()	FAX ()	EMAIL		REPOR	PT WILL BE SENT TO THIS EMAIL ADDRESS	
PLEASE SEND AN MWA FEE INCOME RATINGS REPORT ON:						
INSTITUTION NAME NOTE: RATINGS REPORTS ONLY AVAILABLE FOR BHCS W	IAL BANKS AND FEDER	ALLY-INSURED SAVING	SS BANKS	INSTITUTION STATE		
TYPE OF BANK BHC (CHOOSE ONE)	BANK CERT # OR BHC ID# (OPTIONAL)		REPORT CATEGORY (CHOOSE ONE)	TOTAL INSURAI		
PERIODS ENDING:	008 & 06/30/2009			INCOME FROM WEALTH MANAG	FIDUCIARY ACTIVITIES (C) GEMENT FEE INCOME (A+B+C) EREST FEE INCOME	

MWA FEE INCOME RATINGS REPORT ORDER FORM CONTINUED

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

		PAGE OF OF			
BUY	'ER INFORMATION:				
NAM	Ε	ORGANIZATION			
	RECIPIENT INFORMATION: (IF DIFFERENT FROM BUYER)				
	NAME	ADDRESS			
	TITLE				
	ORGANIZATION	CITY STATE ZIP			
	PHONE () FAX ()	EMAIL REPORT WILL BE SENT TO THIS EMAIL ADDRE	ESS		
	PLEASE SEND AN MWA FEE INCOME RATINGS REPORT (ON:			
	INSTITUTION NAME	INSTITUTION STATE			
	TYPE OF INSTITUTION BANK BHC (CHOOSE ONE) BANK CERT # OR BHC ID# (OPT	REPORT CATEGORY (CHOOSE ONE) TIONAL) INSURANCE BROKERAGE FEE INCOME (A) TOTAL INSURANCE INCOME INVESTMENT FEE INCOME MUTUAL FUND & ANNUITY FEE INCOME (B)			
	REPORT ON YTD PERIODS ENDING: (CHOOSE ONE) 12/31/2008 & 06/30/2008 & 12/31/2008	WEALTH MANACEMENT EEE INCOME (A. D. C)			
	RECIPIENT INFORMATION: (IF DIFFERENT FROM BUYER)				
/	NAME	ADDRESS			
	TITLE				
	ORGANIZATION	CITY STATE ZIP			
	PHONE () FAX ()	EMAIL REPORT WILL BE SENT TO THIS EMAIL ADDRE	ESS		
	PLEASE SEND AN MWA FEE INCOME RATINGS REPORT (ON:			
	INSTITUTION NAME	INSTITUTION STATE			
	TYPE OF INSTITUTION BANK CHOOSE ONE) BANK CHOOSE ONE) BANK CERT # OR BHC ID# (OPT)	REPORT CATEGORY TOTAL INSURANCE INCOME (A) TIONAL) INSURANCE BROKERAGE FEE INCOME (A) TOTAL INSURANCE INCOME INVESTMENT FEE INCOME MUTUAL FUND & ANNUITY FEE INCOME (B)			
	PERIODS ENDING:	& 06/30/2008 & 12/31/2007 MOTOAL FOND & ANNOTTY FEE INCOME (B) INCOME FROM FIDUCIARY ACTIVITIES (C) WEALTH MANAGEMENT FEE INCOME (A+B+I) TOTAL NONINTEREST FEE INCOME	C)		