



Synchrony Bank Joint Account Distribution Instruction Form

Please complete the applicable sections below, sign before a notary and return both pages to Synchrony Bank. Failure to return both pages of this form will result in a delay in processing your distribution.

By signing this document, Joint Account Owner(s) named below certify and direct that:

THIS FORM IS FOR THE FOLLOWING DECEASED CUSTOMER AND ACCOUNT(S):



Customer Name			Synchrony Bank Account Number:
Customer's Last Address			
City	State	ZIP Code	

JOINT ACCOUNT OWNER(S) PERSONAL INFORMATION:

Joint Account Owner Name				-			-				

Joint Account Owner Address	City	State	ZIP Code
Date of Birth		Phone Number	

Joint Account Owner Name				-			-				

Joint Account Owner Address	City	State	ZIP Code
Date of Birth		Phone Number	

Joint Account Owner Name				-			-				

Joint Account Owner Address	City	State	ZIP Code
Date of Birth		Phone Number	

