



## SYNCHRONY BANK GUARDIANSHIP/CONSERVATORSHIP CERTIFICATION FORM

Please complete the applicable sections below, sign before a notary and return both pages to Synchrony Bank.

By signing this document, the Guardian/Conservator named below certifies and directs:

### THIS FORM IS FOR THE FOLLOWING CUSTOMER:

Customer Name Social Security Number

Customer Address City State ZIP Code

### THE GUARDIAN/CONSERVATOR'S PERSONAL INFORMATION:

First Name Last Name Social Security Number Date of Birth Country of Citizenship

Home Address (No P.O. Boxes please) City State ZIP Code Years at Address

Previous Address (If less than 5 years at above address) City State ZIP Code

Mailing Address (If different from above) City State ZIP Code

Home Telephone Email Address

Employer Name Occupation Business Telephone

Driver's License or other State ID Number State of Issue Issue Date Expiration Date

- (1) Are there any other Guardians or Conservators serving?  YES  NO  
If you answer yes, each Guardian or Conservator will need to complete a Guardianship/Conservatorship Certification Form and will be added to all of the customer's accounts.
- (2) The Court Order appointing you as Guardian or Conservator has not been revoked and is in full force and effect.
- (3) You will refund to Synchrony Bank any amounts erroneously distributed from any of the customer's accounts at any time.
- (4) The customer named above is currently living.
- (5) You will promptly notify Synchrony Bank: (a) if you are removed as the Guardian or Conservator of the customer; or (b) of the customer's death; and
- (6) You, Individually and as the Guardian or Conservator for the customer named above, release, discharge, indemnify and hold Synchrony Bank harmless against all claims, suits, causes of action, damages, losses, expenses, legal fees, costs and any other liabilities that Synchrony Bank may be subject to as a result of, or in connection with, any transactions or instructions initiated or provided by you with regard to the customer or any of the customer's accounts.



**SIGNATURE**

X

\_\_\_\_\_  
Guardian/Conservator Signature

\_\_\_\_\_  
Print Name

**NOTARY ACKNOWLEDGMENT**

State of \_\_\_\_\_:

County of \_\_\_\_\_:

Sworn to and acknowledged before me, \_\_\_\_\_ by the individual named above on this  
(Notary)

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

X  
\_\_\_\_\_  
(Notary signature)

My Commission Expires: \_\_\_\_\_