



Synchrony Bank Beneficiary 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, the Beneficiary named below certifies and directs 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 _____

I authorize Synchrony Bank to distribute all funds in any Synchrony Bank account where I am listed as beneficiary.

BENEFICIARY PERSONAL INFORMATION:

Beneficiary Name _____ Social Security Number - -

Beneficiary Address _____ City _____ State _____ ZIP Code _____

Date of Birth _____ Phone Number - -

(1) The Customer was not domiciled in the state of New Jersey within the last five years; or if the customer was domiciled in New Jersey within the past five years, describe how and when the customer changed domicile.

(2) Any and all debts, taxes and claims against the customer's Estate have been paid or provided for and I will refund to Synchrony Bank any amounts erroneously distributed to me from any of the accounts listed above at any time.

(3) The balance payable to me remaining in all of the accounts listed above shall be: (check one)

Transferred to the following Synchrony Bank Account number:
(If you don't have an account with Synchrony Bank, please visit synchronybank.com or call 1-855-818-3062 to open an account and then print the new account number above.)

Issued in a check payable to me.
Please mail the check to the following address: _____
Address _____ City _____ State _____ ZIP Code _____



(4) Please check the box below if you wish to disclaim funds on all Synchrony Bank account(s) that you are listed as a beneficiary.

I, _____, am one of the beneficiary. I hereby disclaim all funds on all Synchrony Bank account(s) that I am listed as a beneficiary.

SIGNATURE

X _____
Beneficiary Signature Print Name

NOTARY ACKNOWLEDGMENT

State of _____:

County of _____:

Sworn to and acknowledged before me, _____, by the beneficiary named above on this
(Notary)

_____ day of _____, 20_____.

X _____
(Notary signature)

My Commission Expires: _____