



FORM TO ADD AN AGENT OR ATTORNEY-IN-FACT UNDER A POWER OF ATTORNEY

This document must be signed and notarized. We also require a complete copy of the documentation to support the request to add an Agent/Attorney-in-Fact under a Durable Power of Attorney. Please do not send the original documents, as we employ secure shredding procedures and it will not be returned.

We will be able to process your request once we receive the document(s).

Please send completed form and documents to:

Synchrony Bank

P.O. Box 669802

Dallas, TX 75266-0955

We're here to help. If you have any questions, please contact one of our Bankers toll-free at 1-866-226-5638.

Thank you for choosing Synchrony Bank!

Synchrony Bank Customer Service



Power Of Attorney Certification Form

All financial institutions are required by the federal USA PATRIOT Act to obtain, verify, and record information that identifies each person seeking to open an account with Synchrony Bank, which includes an agent under a power of attorney seeking to be added to an account. As a result, when you request to be added on an account under a power of attorney, we will ask for your name, address, date of birth, taxpayer identification number, and other information that will allow us to identify you, such as a driver's license or other identifying documents.

By signing this document, the Agent/Attorney-in-Fact named below certifies that:

(1) This form is for the following customer:

Customer Name

Customer Address (No P.O. Box please)

City/State

ZIP Code

(2) The Agent's/Attorney-in-Fact's personal information is:

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

(3) Are there any other Agents or Attorneys-in-Fact serving other than you? YES NO

If your answer is yes, each Agent or Attorney-in-Fact will need to complete a Power of Attorney Certification Form and will be added to all of the customer's accounts.

(4) The Power of Attorney document appointing you as Agent/Attorney-in-Fact has not been revoked and is in full force and effect.

(5) You will refund to Synchrony Bank any amounts erroneously distributed from any of the customer's accounts at any time.

(6) The customer named above is currently living.

(7) You will promptly notify Synchrony Bank: (a) if you are removed as the Agent or Attorney-in-Fact for the customer; or (b) of the customer's death; and

(8) You, Individually and as the Agent or Attorney-in-Fact 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.

TO BE SIGNED BY THE AGENT/ATTORNEY-IN-FACT

X _____

Signature of the Agent/ Attorney-In-Fact

Printed Name of the Agent/ Attorney-In-Fact

NOTARIAL ACKNOWLEDGEMENT

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: _____