



## 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	

### 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](http://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
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**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: \_\_\_\_\_