



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):



Synchrony Bank Account Number:

Customer Name

Customer's Last Address

City

State

ZIP Code

JOINT ACCOUNT OWNER(S) PERSONAL INFORMATION:

Joint Account Owner Name

Social Security Number

Joint Account Owner Address

City

State

ZIP Code

Date of Birth

Phone Number

Joint Account Owner Name

Social Security Number

Joint Account Owner Address

City

State

ZIP Code

Date of Birth

Phone Number

Joint Account Owner Name

Social Security Number

Joint Account Owner 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 the joint account holder will refund to Synchrony Bank any amounts erroneously distributed 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(s):

Three sets of empty boxes for entering account numbers.

(If the Decedent was the Primary Account Owner, please visit synchronybank.com or call 1-855-818-3062 to open an account and then print the new account number above.)

Remove the Decedent from the account(s) listed above.
(Option is only available if the Decedent was Secondary Account Owner.)

Issued in a check payable to: _____

Please mail the check to the following address: _____

Address City State ZIP Code

SIGNATURE

X _____
Joint Owner Signature Print Name

X _____
Joint Owner Signature Print Name

X _____
Joint Owner Signature Print Name

NOTARY ACKNOWLEDGMENT

State of _____:

County of _____:

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

_____ day of _____, 20____.

X _____
(Notary signature)

My Commission Expires: _____