



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'S/CONSERVATOR'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	

- (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- (2) The Court Order appointing you as Guardian or Conservator has not been revoked and is in full force and effect.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: _____