



P.O. Box 105972, Atlanta, GA 30348-5972

BENEFICIARY DESIGNATION FORM

This Beneficiary Designation Form supersedes any and all prior beneficiary designations for the account(s) below. All account owners must sign this form.

Primary Owner: _____ **Co-Owner:** _____

Co-Owner: _____ **Co-Owner:** _____

Account Number(s):

(Please copy the form to add beneficiaries to more than 3 accounts.)
Please check this box if you would like to remove all beneficiaries from your account(s) named above.

First Beneficiary Name	Social Security Number		
Beneficiary Address	City	State	ZIP Code
Date of Birth		<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
		Phone Number	

Second Beneficiary Name	Social Security Number		
Beneficiary Address	City	State	ZIP Code
Date of Birth		<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
		Phone Number	

Third Beneficiary Name	Social Security Number		
Beneficiary Address	City	State	ZIP Code
Date of Birth		<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
		Phone Number	

Fourth Beneficiary Name	Social Security Number		
Beneficiary Address	City	State	ZIP Code
Date of Birth		<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
		Phone Number	

By signing below, the account owner(s) authorize and direct Synchrony Bank to update the records for the above account(s) with the instructions and beneficiary information provided above. This Beneficiary Designation Form supersedes any and all prior beneficiary designations for the account(s) above.

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____