



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

Synchrony Bank Estate 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 Executors named below certify and direct that:

THIS FORM IS FOR THE FOLLOWING DECEASED CUSTOMER AND ACCOUNT(S):

Customer Name _____			Synchrony Bank Account Number:
Customer's Last Address _____			<input type="text"/>
City _____	State _____	ZIP Code _____	<input type="text"/>

THE CURRENTLY SERVING EXECUTORS OF THE ESTATE OF THE CUSTOMER ARE:

Executor Name _____	Phone Number		
<input type="text"/>	- <input type="text"/>		
<input type="text"/>	- <input type="text"/>		
Executor Address _____	City _____	State _____	ZIP Code _____
Executor Name _____	Phone Number		
<input type="text"/>	- <input type="text"/>		
<input type="text"/>	- <input type="text"/>		
Executor Address _____	City _____	State _____	ZIP Code _____

(If there are more than two Executors signing the form, please copy and have the additional Executors sign a separate form.)

(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 Executor(s) will refund to Synchrony Bank, any amounts erroneously distributed from any of the accounts listed above at any time.

(3) The balance remaining in all of the accounts listed above shall be sent by check to the Executor(s).

SIGNATURE

X _____
Executor Signature Print Name

X _____
Executor Signature Print Name

NOTARY ACKNOWLEDGMENT

State of _____:

County of _____:

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

_____ day of _____, 20__.

(Notary signature)

My Commission Expires: _____