



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

Synchrony Bank Trust 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 Trustees named below certify and direct that:

THIS FORM IS FOR THE FOLLOWING TRUST ACCOUNT(S):

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

THE CURRENTLY SERVING TRUSTEES OF THE TRUST ARE:

Trustee Name _____	Phone Number
Trustee Address _____	City _____ State _____ ZIP Code _____
Trustee Name _____	Phone Number
Trustee Address _____	City _____ State _____ ZIP Code _____

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

(1) The Grantor 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(2) The Trust is currently in existence and has not been revoked, modified or amended in any way that would make the facts stated in this form incorrect, and Trustees have the power to transact on and close any type of bank account on behalf of the Trust. Any and all debts, taxes and claims against the Grantor's Estate have been paid or provided for and Trustees will refund to Synchrony Bank any amounts erroneously distributed from any of the accounts listed above at any time.

(3) The balance payable to the Trust remaining in all of the accounts listed above shall be: (check one)
 Transferred to the following Synchrony Bank Account number(s):

(If you don't have an account with Synchrony Bank, please visit synchronybank.com or call 1-866-226-5638 to open an account and then print the new account number above.)

Issued in a check payable to the Trust.
Please mail the check to the following address: _____
Address City State ZIP Code

SIGNATURE

X _____
Trustee Signature Print Name

X _____
Trustee Signature Print Name

NOTARY ACKNOWLEDGMENT

State of _____:

County of _____:

Sworn to and acknowledged before me, _____, by each Trustee named above on this
(Notary)

_____ day of _____, 20____.

(Notary signature)

My Commission Expires: _____