



Synchrony Bank Non-Personal Beneficiary 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 Beneficiary named below certifies and directs 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

NON-PERSONAL BENEFICIARY INFORMATION:

Business Name/ Trust

Tax Identification Number

Address

City

State

ZIP Code

Approved Representative/ Trustee

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 I will refund to Synchrony Bank any amounts erroneously distributed to me from any of the accounts listed above at any time.

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

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(If you don't have an account with Synchrony Bank, please visit synchronybank.com or call 1-855-818-3062 to open an account and then print the new account number above.)

Issued in a check payable to the non living entity.

Please mail the check to the following address:

Address

City

State

ZIP Code

SIGNATURE

X _____
Approved Representative/ Trustee Signature Print Name

NOTARY ACKNOWLEDGMENT

State of _____:

County of _____:

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

_____ day of _____, 20_____.

X _____
(Notary signature)

My Commission Expires: _____