



## 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):

Synchrony Bank Account Number:

Customer Name

Customer's Last Address

City

State

ZIP Code

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

Executor Name

Social Security Number

Executor Address

Phone Number

City

State

ZIP Code

Executor Name

Social Security Number

Executor Address

Phone Number

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).

Mail Check in the name of the estate to the following address:

\_\_\_\_\_  
Address City State Zip Code

Mail Check in the name of the executor or beneficiary of the estate.

Mail in the name of \_\_\_\_\_

To the following address: \_\_\_\_\_  
Address City State ZIP Code

**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\_\_\_\_.

X \_\_\_\_\_  
(Notary signature)

My Commission Expires: \_\_\_\_\_