



## 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):

Synchrony Bank Account Number:

Trust Name												
Deceased Grantor's Name												
Grantor Last Address												
City	State	ZIP Code										

### THE CURRENTLY SERVING TRUSTEES OF THE TRUST ARE:

Trustee Name			
	Phone Number		

Trustee Address	City	State	ZIP Code
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Trustee Name			
	Phone Number		

Trustee Address	City	State	ZIP Code
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(If there are more than two Trustees signing the form, please copy and have the additional Trustees sign a separate form.)

(1) The Trust is currently in existence and has not been revoked, modified or amended in any way that would make the facts stated in this form incorrect, and Trustees have the power to transact on and close any type of bank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.

(2) 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):

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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 Trust.

Please mail the check to the following address: \_\_\_\_\_

Address	City	State	ZIP Code
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(3) Mail to the beneficiary of the trust (provide page of trust showing beneficiary of the trust).

Please mail check in the name of \_\_\_\_\_

Mail 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\_\_\_\_\_.

x \_\_\_\_\_  
(Notary signature)

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