



Beneficiary Designation Form

This Beneficiary Designation Form supersedes any and all prior beneficiary designations for the account(s) below. All account owners must sign this form. Only four beneficiaries are permitted per account and we will only accept the beneficiaries listed in the spaces provided below. ****If more than four beneficiaries are listed, this form will be rejected.***

Primary Owner: _____ Co-Owner: _____

Co-Owner: _____ Co-Owner: _____

Account Number(s):

(Please copy the form to add beneficiaries to more than three accounts.)

Please check this box if you'd like to remove all beneficiaries from your account(s) named above.

First Beneficiary Name	Social Security Number		
Beneficiary Address	City	State	ZIP Code
Date of Birth	Phone Number		

Second Beneficiary Name	Social Security Number		
Beneficiary Address	City	State	ZIP Code
Date of Birth	Phone Number		

Third Beneficiary Name	Social Security Number		
Beneficiary Address	City	State	ZIP Code
Date of Birth	Phone Number		

Fourth Beneficiary Name	Social Security Number		
Beneficiary Address	City	State	ZIP Code
Date of Birth	Phone Number		

By signing below, the account owner(s) authorize and direct Synchrony Bank to update the records for the above account(s) with the instructions and beneficiary information provided above. This Beneficiary Designation Form supersedes any and all prior beneficiary designations for the account(s) above.

Signature: X _____ Date: _____ Signature: X _____ Date: _____

Signature: X _____ Date: _____ Signature: X _____ Date: _____

