



## **Adding a guardian or conservator**

This document must be signed and notarized. We also require a complete copy of the documentation to support the request to add a Guardian or Conservator. Please don't send original documents, as we employ secure shredding procedures and they won't be returned to you.

We will be able to process your request once we receive the document(s).

Please send completed form and documents to:

Synchrony Bank  
P.O. Box 669802  
Dallas, TX 75266-0955

We're here to help. If you have any questions, please contact one of our Bankers toll-free at 1-866-226-5638.

Thank you for choosing Synchrony Bank!

Synchrony Bank Customer Service



## SYNCHRONY BANK GUARDIANSHIP/CONSERVATORSHIP CERTIFICATION FORM

All financial institutions are required by the federal USA PATRIOT Act to obtain, verify, and record information that identifies each person seeking to open an account with Synchrony Bank, which includes an agent under a power of attorney seeking to be added to an account. As a result, when you request to be added on an account under a power of attorney, we will ask for your name, address, date of birth, taxpayer identification number, and other information that will allow us to identify you, such as a driver's license or other identifying documents.

Please complete the applicable sections below, sign before a notary and return both pages to Synchrony Bank.

By signing this document, the Guardian/Conservator named below certifies and directs:

### THIS FORM IS FOR THE FOLLOWING CUSTOMER:

Customer Name	Social Security Number		
Customer Address	City	State	ZIP Code

### THE GUARDIAN/CONSERVATOR'S PERSONAL INFORMATION:

First Name	Last Name	SSN/TIN	Date of Birth	
Home Address (No P.O. Boxes please)	City	State	ZIP Code	Years at Address
Previous Address (If less than 5 years at above address)	City	State	ZIP Code	
Mailing Address (If different from above)	City	State	ZIP Code	
Home Telephone	Email Address			
Employer Name	Occupation	Business Telephone		
Driver's License or other State ID Number	State of Issue	Issue Date	Expiration Date	

- (1) Are there any other Guardians or Conservators serving? ☐ YES ☐ NO  
If you answer yes, each Guardian or Conservator will need to complete a Guardianship/Conservatorship Certification Form and will be added to all of the customer's accounts.
- (2) The Court Order appointing you as Guardian or Conservator has not been revoked and is in full force and effect.
- (3) You will refund to Synchrony Bank any amounts erroneously distributed from any of the customer's accounts at any time.
- (4) The customer named above is currently living.
- (5) You will promptly notify Synchrony Bank: (a) if you are removed as the Guardian or Conservator of the customer; or (b) of the customer's death; and
- (6) You, Individually and as the Guardian or Conservator for the customer named above, release, discharge, indemnify and hold Synchrony Bank harmless against all claims, suits, causes of action, damages, losses, expenses, legal fees, costs and any other liabilities that Synchrony Bank may be subject to as a result of, or in connection with, any transactions or instructions initiated or provided by you with regard to the customer or any of the customer's accounts.
- (7) Do you want us to add your name to the account holder's alternate address? ☐ YES ☐ NO

## SIGNATURE

X

Guardian/Conservator Signature

Print Name

## NOTARY ACKNOWLEDGMENT

State of \_\_\_\_\_:

County of \_\_\_\_\_:

Sworn to and acknowledged before me, \_\_\_\_\_ by the individual named above on this  
(Notary)

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

X

(Notary signature)

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