



SYNCHRONY BANK TRUST VERIFICATION AND TRUSTEE CERTIFICATION



All financial institutions are required by the Federal USA PATRIOT Act to obtain, verify and record information that identifies each Trust, as well as Trustees, seeking to open an account. When you apply to open an account, we'll ask for the Trust's name, address, and tax identification number. For Trustees, we will ask for their name, address, date of birth, Social Security number, and other information that will allow us to identify all applicants. We may also ask for their driver's license number and/or other identifying documents.

By applying for an account, you give Synchrony Bank your consent to obtain a consumer report, check references with other financial institutions, and use any commercially available database to conduct our review of the Trust and its Trustees.

When you send this document to us, please also include a completed, dated and signed IRS Form W-9 (a blank Form W-9 and Instructions are included with this package) and copies of the following pages of the Trust Agreement:

- Page showing the title of the Trust (usually the first page)
- All signature pages of the Trust
- Pages showing the appointment of the Trustees. If there have been any changes to the Trustees since the Trust was created, please include all documentation confirming the removal of any Trustees and the appointment of successor Trustees (including death certificates for any deceased Trustees).

Please mail all required documents to Synchrony Bank, P.O. Box 669802, Dallas, TX 75266-0955

The Trust must be a U.S. Trust as defined under Treasury Regulation Section 301.7701-7. The Trust must be a personal trust. Business trusts, pension trusts and all other types of trusts must use our business account application form. Please complete all sections below, have all Trustees sign the form and then return the completed and signed form to Synchrony Bank.

TRUST INFORMATION

Name of the Trust (exactly as it appears on the trust documentation)

Trust Tax Identification Number

Please check one of the following boxes to tell us about the type of Trust:

- The Trust is a Revocable Trust
- The Trust is an Irrevocable Trust

TRUSTEE INFORMATION

If the Trust uses the Grantor's Social Security number but the Grantor is not serving as a Trustee, please check here and provide Grantor's information below

GRANTOR/FIRST TRUSTEE: Grantor/Trustee First Trustee Grantor Non-Trustee

First Trustee's Name _____
First _____ Middle _____ Last _____

Current Street Address (P.O. Boxes not accepted) _____ City _____ State _____ ZIP Code _____ Years at Address _____

Mailing Address (If different from above) _____ City _____ State _____ ZIP Code _____

Email Address _____ Social Security Number _____ Date of Birth (Month/Day/Year) _____

- - Home Telephone Mobile

- - Business Telephone Mobile

If you do not have a phone number due to a hearing or speech disability, please check this box.



*Employer (required field)

*Occupation Code (required field)
See Appendix for occupation code list.

SECOND TRUSTEE: Grantor/Trustee Second Trustee Grantor Non-Trustee

Second Trustee's Name _____
First _____ Middle _____ Last _____

Current Street Address (P.O. Boxes not accepted) _____ City _____ State _____ ZIP Code _____ Years at Address _____

Mailing Address (If different from above) _____ City _____ State _____ ZIP Code _____

Email Address _____ Social Security Number _____ Date of Birth (Month/Day/Year) _____

- - Home Telephone Mobile

- - Business Telephone Mobile

If you do not have a phone number due to a hearing or speech disability, please check this box.



*Employer (required field)

*Occupation Code (required field)
See Appendix for occupation code list.

THIRD TRUSTEE: Grantor/Trustee Third Trustee Grantor Non-Trustee

Third Trustee's Name _____
First _____ Middle _____ Last _____

Current Street Address (P.O. Boxes not accepted) _____ City _____ State _____ ZIP Code _____ Years at Address _____

Mailing Address (If different from above) _____ City _____ State _____ ZIP Code _____

Email Address _____ Social Security Number _____ Date of Birth (Month/Day/Year) _____

- - Home Telephone Mobile

- - Business Telephone Mobile

If you do not have a phone number due to a hearing or speech disability, please check this box.



*Employer (required field)

*Occupation Code (required field)
See Appendix for occupation code list.

By signing below, each Trustee certifies and agrees that:

- The facts provided above are complete and accurate, the Trust is currently in existence and has not been revoked or modified in any way that would make any of the facts, certifications or agreements in this document incomplete, incorrect or invalid, and Synchrony Bank may rely on the facts, certifications and agreements of the Trustees in this document until Synchrony Bank receives actual notice of the revocation or modification of the Trust and has a reasonable opportunity to act on the notice.
- Each Trustee has the power acting alone and without the consent of any other Trustee to: (1) open any type of bank account for the Trust; (2) endorse any check payable to the Trust or a Trustee and make deposits to any account held by the Trust; (3) make withdrawals or transfers from any account held by the Trust; (4) close any account held by the Trust; and (5) pledge any account held by the Trust to Synchrony Bank as collateral for any debt owed to Synchrony Bank.
- Trustees, and not Synchrony Bank, owe a fiduciary responsibility to the Trust and Trustees will manage all accounts held by the Trust at Synchrony Bank at any time in accordance with the terms of the account, the terms of the Trust and all applicable laws and regulations.
- Trustees and the Trust will indemnify and hold Synchrony Bank harmless from and against any and all claims, suits, judgments, damages, losses and expenses (including reasonable attorney's fees) which may be brought against Synchrony Bank by any person or entity, including the Trust, any Trustee, any Trust beneficiary or other interested party, by reason of the Bank's acting pursuant to any instructions of the Trustee or provision of this document or the Account Agreement.

PLEASE SIGN

First Trustee:

X

Signature

Date

Print Name

Second Trustee:

X

Signature

Date

Print Name

Third Trustee:

X

Signature

Date

Print Name

APPENDIX

*Occupation Code List

Please insert these codes when completing the occupation fields of this document.

<input type="checkbox"/> G 1	Government/Military/Civil Svc./Teacher
<input type="checkbox"/> H 2	Homemaker
<input type="checkbox"/> M 3	Manufacturing/Industrial/Trade
<input type="checkbox"/> N 4	Not Employed

<input type="checkbox"/> P 1	Professional Services/General Office
<input type="checkbox"/> R 2	Retired
<input type="checkbox"/> S 3	Self Employed/Business Owner
<input type="checkbox"/> S 4	Student