



Personal Savings

Accounts offered by American Express National Bank. **Member FDIC**

Affidavit of Identity

STATE OF _____

COUNTY OF _____

The undersigned affiant, on this day personally appeared before me, and having presented a valid picture I.D. in the form of a _____, who after being duly sworn, on penalty of perjury, deposes and says:
Driver's License, State Identification, Passport, Military Identification

My name is _____, and I am the person identified in the picture I.D. presented to the undersigned authority. I make this affidavit in connection with a bank account held in the name of _____ with American Express National Bank.
Deceased Account Owner's Full Name

Full Name of Affiant: _____

Address of Affiant: _____

Social Security Number of Affiant: _____

Signature of Affiant: _____

Subscribed and sworn to before me, this _____ day of _____, 20_____.
(day of the month) (month) (year)

(Seal) Signature of Notary: _____

Full Name of Notary: _____

My commission expires: _____, 20_____.

PLEASE SUBMIT REQUEST VIA FAX OR MAIL TO ONE OF THE FOLLOWING
Fax: 1-800-542-0779
Mail: American Express National Bank, PO Box 30384, Salt Lake City, UT 84130-0384

24/7 Account Access | Member FDIC | World-Class Service
Accounts offered by American Express National Bank. Member FDIC.