



# Savings

AMERICAN EXPRESS NATIONAL BANK, MEMBER FDIC

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

## Beneficiary Designation Form

To successfully add a beneficiary, you must include their full name, date of birth, Social Security number, and address. If any beneficiary information is missing or incorrect, we cannot add that person as a beneficiary to your account.

**This form will replace any beneficiaries you currently have referenced on the account listed below in Section A. If you want to keep your current beneficiaries, you must include them on this form.**

**To update your beneficiaries quicker, and review your most current designations, please log in to your account at [go.amex/savings](http://go.amex/savings). Click My Profile, then select Manage Beneficiaries.**

If you have any questions, please call 1-800-446-6307.

### Section A: Personal Savings Account Owner(s) Information

Note: This account must be owned or jointly owned by you in order for us to process this request. If this is a joint account, both Account Owners must complete and sign this form.

Account Number: \_\_\_\_\_

Account Owner(s): \_\_\_\_\_

### Section B: Designated Beneficiary Information

Please note that you may designate up to six individuals as beneficiaries per account.

**Beneficiary #1 Name:** \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Beneficiary #2 Name:** \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Beneficiary #3 Name:** \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Beneficiary #4 Name:** \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Please see reverse side for additional information.

Beneficiary #5 Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## Section C: Signatures

Each Account Owner signing below directs that the balance remaining in the account described in Section A be payable upon the death of either of us, as a last surviving Joint Account Owner, the balance remaining in the account shall be payable and distributed in equal shares to the above-named beneficiary(ies) that survive me (us). Each Account Owner signing below acknowledges having had an opportunity to consult with an attorney or other qualified estate planning professional before signing and submitting this Beneficiary Designation form to American Express National Bank.

Primary Account Owner's Signature: \_\_\_\_\_

Joint Account Owner's Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

\* Spouse/Domestic Partner Signature (Community Property States): By signing below, I acknowledge that I have read the above beneficiary designation(s), and, as a spouse/domestic partner of the Account Owner named in Section A, I consent to the above beneficiary designation(s) (as those designations may be changed from time to time by the Account Owners) and I relinquish all statutory and other community property and marital property rights I might otherwise have under applicable state law to all present and future balances in the account identified in Section A. I also acknowledge having had an opportunity to consult with an attorney or other qualified estate planning professional before signing and submitting this Beneficiary Designation form to American Express National Bank.

Spouse/Domestic Partner Signature (Community Property States): \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

\* Spouse/domestic partner consent may be advisable or appropriate in community property states (AZ, CA, ID, LA, NV, NM, TX, WA, and WI) if spouse/domestic partner is not named as the sole beneficiary.

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

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