

Deceased Letter of Instruction

ACCOUNTS OFFERED BY AMERICAN EXPRESS NATIONAL BANK, MEMBER FDIC

WHAT YOU NEED TO KNOW

This form is intended for you to provide necessary instruction on liquidating and obtaining additional information on a deceased customer's American Express Savings account. Feel free to attach additional information as necessary.

Have questions?

Call us 24/7 at 1-800-446-6307

SECTION A: DECEASED ACCOUNT OWNER	(S) INFORI	MATION		
Deceased Customer's Name		Decea	- sed Custome	r's Social Security Number
Deceased Customer's Account Number				
Deceased Customer's Street Address				
City		State		Zip/Postal Code
SECTION B: YOUR INFORMATION				
Your Name		Daytime Pho	- Done Number	
Street Address				
City		State		Zip/Postal Code
Relationship to Deceased Customer(s):				
Executor/Administrator of Estate Designated Payable On Death Beneficiary Surviving Account Owner				
Other authorized person (small estate affiant, suc	ccessor trust	ee, etc.):		
Palatianship				

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SECTION C: REQUESTED INSTRUCTION NOTE: we are unable to transfer any funds via ACH or wire to an external account. Close account and issue check payable to authorized party(ies). As applicable, we may issue a check payable to: Estate of the Deceased Customer Payable on Death Beneficiary(ies) Affiant named in Small Estate Affidavit Trust or successor trustee under valid Certificate/Declaration of Trust Surviving joint account owner Remove the Deceased Customer's name from the account (only applicable for surviving account owner)* ☐ Internal Transfer to your American Express Savings account[†] **AENB Account Number** Request other account details (specify below) Additional Information/Request * A New Account Form may be required to process this request. If the account has been re-titled as a Revocable Living Trust, please review and complete Section D: Affidavit of Re-titled Trust Account

[†] An internal transfer is not an option for funds to be paid to an Estate or Trust.

Please attach all relevant documents.

Your Signature (ink only)	 Date
Signature of Account Owner (ink only)	 Date

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SECTION D: AFFIDAVIT OF RE TITLED TRUST ACCOUNT

For a joint a	account that has been re-tit	led as a revocable liv	ving trust account, w	here the surviving accoun	it owner named in	
American E	xpress National Bank's rec	ords as a trustee aut	horized to individua	lly perform account-relate	ed transactions on	behalf
of the trust	is requesting that the dece	ased account owner	named in the Bank'	s records as an additional	trustee authorize	d to
perform ac	count-related transactions	on behalf of the trus	t be removed from t	he Bank's records as such	ı a trustee, I,	
			, attest to Americar	n Express National Bank th	nat upon the death	ı of
Your Name						
			, the trust remains	in force and has not becor	ne irrevocable as o	of
Deceased Cu	ıstomer's Full Name					
		, and trust income v	vill be reported to th	e Internal Revenue Servic	e using the Social	Security
Date						
number of						
	Your Name					
For more	information about acco	unts retitled as a l	Revocable Living ⁻	Trust, please visit go.aı	mex/savingstru	st.
Signature of	Surviving Account Owner (ink	only)		Date		

WHAT TO DO NEXT

PLEASE SUBMIT COMPLETED FORM VIA FAX OR MAIL TO:

Fax: 1-800-542-0779

Mail: American Express National Bank, PO Box 30384, Salt Lake City, UT 84130