



Letter of Instruction Form

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.

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

Section A: Deceased Account Owner(s) Information

Deceased Customer(s) Name: _____

Decedent's Account Number(s): _____ Decedent's Social Security Number: _____

Decedent's Address: _____
City State Zip Code

Section B: Your Information

If any additional information or documents are required to process your request, we may contact you at the phone number or address you provide below. The address provided will be used to send an official check, unless otherwise specified in Section C: Requested Instruction.

Your Name: _____ Phone Number: _____

Address: _____
City State Zip Code

Relationship to Decedent(s):
 Executor/Administrator of Estate Designated Payable On Death Beneficiary Surviving Account Owner
 Other authorized person (small estate affiant, successor trustee, etc.): _____

Section C: Requested Instruction

Please 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 Decedent; 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 Decedent's name from the account (only applicable for surviving account owner)*
*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 on page 2 (reverse side).

Internal Transfer to your American Express Savings account** (specify full account number) _____
**An internal transfer is not an option for funds to be paid to an Estate or Trust.

Request other account details (specify below)

Additional Information/Request: _____

Please attach all relevant documents. A list of relevant documents can be found at americanexpress.com/personalsavings.

Signature: _____ Date: _____

Signature: _____ Date: _____

*Please see page 2 (reverse side) for Section D: Affidavit of Re-titled Trust Account

Section D: Affidavit of Re-titled Trust Account

For a joint account that has been re-titled as a revocable living trust account, where the surviving account owner named in American Express National Bank's records as a trustee authorized to individually perform account-related transactions on behalf of the trust is requesting that the deceased account owner named in the Bank's records as an additional trustee authorized to perform account-related transactions on behalf of the trust be removed from the Bank's records as such a trustee, I, _____, attest to American Express National Bank that upon the death of _____, the trust remains in force and has not become irrevocable as of _____, and trust income will be reported to the Internal Revenue Service using the Social Security number of _____. For more information about accounts retitled as a Revocable Living Trust, please visit americanexpress.com/RLT.

Your Name

Decedent's Name

Date

Your Name

Signature: _____ Date: _____
Surviving Account Owner

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.