



Authorization for Certificate of Deposit Recurring Interest Transfer

To initiate monthly preauthorized (automatic) recurring electronic transfers of the interest credited to your Certificate of Deposit account (CD) with American Express National Bank (AENB), please provide the information requested and sign this form. If you have any questions, call us at 1-800-446-6307 (24/7). Please keep a completed copy of this authorization for your records. Monthly transfers occur on the same date each month. If the date falls on a non-business day, then the transfer generally will be processed on the following business day.

To request a one-time electronic transfer of credited CD interest, or to receive CD interest payments by check payable to you, please call us at the number above instead of completing this form.

Please note that the Annual Percentage Yield (APY) for your CD disclosed in your account opening documents assumes that interest remains on deposit until maturity. A withdrawal of interest before maturity will reduce earnings on your CD.

Section A: Personal Savings CD Account Owner Information

Account Owner Name(s): _____

Section B: CD Account from which the Interest is to be Withdrawn Monthly

American Express National Bank Certificate of Deposit Account Number: _____

Section C: Account into which the Interest will be Deposited Monthly

Transfer interest to my **Personal Savings High-Yield Savings Account with AENB**

Account Number: _____

Transfer interest to my currently **Linked External Bank Account** with another financial institution

Financial Institution Name: _____ Account Type: Checking Savings

Account Number: _____

Please Note: If you would like to transfer your interest into a bank account that is not currently linked to your Personal Savings Account, please visit personalsavings.com, go to the Contact Us / Forms section, and follow the steps in the External Account Linkage Form.

Section D: Interest Transfer Start Date

CD interest is credited monthly on your statement cycle date. Your interest payment amount will vary based on the number of days in a monthly statement cycle. Please indicate the monthly statement cycle when you would like such transfers to begin. We must receive your signed and dated written authorization at least three (3) business days before your statement cycle date to process the monthly interest transfer for that date. Otherwise, we will process the requested transfer starting with your next statement cycle date. We typically transfer CD interest within two (2) business days after your statement cycle date. Please note that we will only transfer all (not part) of the interest credited to your CD as of the relevant statement cycle date.

Monthly Transfer Starting (MM/DD/YYYY): _____

You may stop your monthly CD interest transfers by calling us at 1-800-446-6307 (24/7), or by writing to us at the address at the bottom of this form, in time for us to receive your stop request at least three (3) business days before the transfer is scheduled to be made. If you call, we may also require that you put your request in writing and get it to us within 14 calendar days after you call.

Section E: Signature

Printed Name: _____ Date (MM/DD/YYYY): _____

Signature: _____ Date (MM/DD/YYYY): _____

By signing above, I authorize AENB to transfer CD interest from my CD at AENB to the account at the depository financial institution named in Section C above (and, if necessary, to electronically debit such account to correct erroneous transfers) as described in Section C above. This authorization is to remain in full force and effect until I notify AENB that I wish to revoke it by calling 1-800-446-6307, or mailing or faxing written notice to the address or fax number below. I understand that AENB must receive such notification at least three (3) business days before a transfer is scheduled to occur in order to cancel this authorization. I understand that if I call, AENB may also require that I put my request in writing and get it to AENB within 14 calendar days after I call.

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 | FDIC Insured | World-Class Service

Accounts offered by American Express National Bank. Member FDIC.