

## **Affidavit of Identity**

STATE OF				
COUNTY OF				
The undersigned aff	iant, on this day personally appeare	ed before me, and having pres	sented a valid pict	ure I.D. in the form
of a Driver's License, and says:	State Identification, Passport, Military Identification	, who after being duly sv	vorn, on penalty o	f perjury, deposes
-		, and I am the	person identified	in the picture I.D
presented to the und	dersigned authority. I make this affi	davit in connection with a bar	nk account held in	the name of
		with American Express N	National Bank for	the benefit of .
Acc	ount Owner's Full Name			
Full Name of Affiant:				
Address of Affiant:				
Social Security Num	ber of Affiant:			
Signature of Affiant:				
Subscribed and sworn to before me, this		day of		, 20 .
		of the month)	(month)	(year)
(Seal)	Signature of Notary:			
	Full Name of Notary:			

PLEASE SUBMIT REQUEST VIA FAX OR MAIL TO ONE OF THE FOLLOWING

Fax: 1-800-542-0779

II- American Express National Bank, PO Box 30384, Salt Lake City, LIT 84130-03