



Savings

Deceased Letter of Instruction

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.

If this is a joint account the signature of the surviving account owner will be required below under Section C: Requested Instruction.

Have questions?

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

SECTION A: DECEASED ACCOUNT OWNER(S) INFORMATION

Deceased Customer's Name

 - -

Deceased Customer's Social Security Number

Deceased Customer's Account Number

Deceased Customer's Street Address

City

State

Zip/Postal 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

 - -

Daytime Phone 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, successor trustee, etc.):

Relationship

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†

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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 Surviving Account Owner (ink only)

Date

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 an authorized trustee* 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
Your Name

that upon the death of , the trust remains in force and has not become irrevocable as of
Deceased Customer's Full Name

, and trust income will be reported to the Internal Revenue Service using the Social Security
Date

Number of .
Your Name

For more information about an account re-titled as a Revocable Living Trust, please visit go.amex/savingstrust.

Signature of Surviving Account Owner (ink only)

Date

*Authorized trustee: a surviving account owner who is authorized to individually perform account-related transactions on behalf of the trust.

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