



Beneficiary Designation Form

To designate beneficiaries for your account with Personal Savings from American Express, please provide the following information with your signature(s) below. If you have any questions, please call 1-800-446-6307.

Section A: Personal Savings Account Holder Information

*Note: This account must be owned or jointly owned by you in order for us to process this request. If this is a joint account, both account holders must complete and sign this form.

Account Number: _____

Account Holder(s): _____

Section B: Designated Beneficiary Information

Please note you may designate up to 6 beneficiaries per account.

Beneficiary #1 Name: _____

Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____

Address: _____
City State Zip Code

Beneficiary #2 Name: _____

Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____

Address: _____
City State Zip Code

Beneficiary #3 Name: _____

Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____

Address: _____
City State Zip Code

Beneficiary #4 Name: _____

Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____

Address: _____
City State Zip Code

Beneficiary #5 Name: _____

Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____

Address: _____
City State Zip Code

Beneficiary #6 Name: _____

Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____

Address: _____
City State Zip Code

Certain state law restrictions may apply to payable on death accounts. You are solely responsible for complying with applicable law in establishing a payable on death account. We make no representation that designating your account as a payable on death account is advisable. You should consult an attorney or other qualified estate planning professional before designating your account as a payable on death account.

Section C: Signatures

I, (we) direct that the balance remaining in this account(s) shall be payable on death (of the survivor of us) to the above beneficiaries that survive me (us): I, (we) have read the above beneficiary designation and as the spouse of the Deposit Account Holder, I consent to the above designation and I relinquish all my statutory of other rights to all-present and future property held hereunder.

**Spouse's Signature (*Community Property States*): _____

Primary Account Holder's Signature: _____

Joint Account Holder(s)' Signatures: _____

Date (MM/DD/YYYY): _____

****[Spouse consent required in community property states (AZ, CA, ID, LA, NV, NM, TX, WA and WI) if spouse is not named as the sole primary beneficiary].**

Please submit request via fax or mail to the following:

Fax:(800) 542-0779 • Mail: American Express Bank, FSB, PO Box 30384, Salt Lake City, UT 84130-0384

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