



Beneficiary Disbursement Request

Indemnifying Bond (One form per beneficiary)

Do not use this form for payout of funds from a Revocable or Irrevocable Trust Account

I _____ hereby certify that I am of legal age and am a surviving individual Payable on Death Beneficiary or the Trustee acting on behalf of the Payable on Death Trust Beneficiary on the account of the below named account owner. I hereby direct Citizens Bank, N.A. (hereinafter "Bank") to disburse my share of the funds as specified below.

Account Type	Account Number (if known)	Held in the name(s) of: Decedent owner(s)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings/CD <input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings/CD <input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings/CD <input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings/CD <input type="checkbox"/> Other	_____	_____

I certify under penalty of perjury under the laws of the State of _____ the following statements are true and correct.

1. The above-named account owner(s) died on the dates specified below:

Name: _____ Date of Death: _____

Name: _____ Date of Death: _____

2. I have **enclosed** the following documents:

- ☐ Original or certified death certificate for each account owner.
- ☐ Copy of my driver's license or other state-issued identification card (front and back) - *not required for existing Citizens customers*
- ☐ If the Payable on Death Beneficiary is a Trust, a copy of the pertinent pages of the Trust Agreement showing the trust name, date, name of the trustee(s), trust powers and signature pages - *additional pages may be required upon review.*

3. I am the only surviving beneficiary named on the account listed above. I further certify that the decedent did not revoke this voluntary trust before his/her death by will otherwise and that I am fully entitled to receive the balance in the said account.

In consideration of the payment to me by the Bank of the balance in said account, I hereby covenant and agree for myself, my heirs, executors, trust, trust beneficiaries or administrators to indemnify said Bank and to save it harmless against loss, damage, expense or liability of any nature whatsoever resulting from such payment.

OR

If there is more than one surviving payable on death beneficiary for the above account, this request is directed to my share of the funds. I further certify that the decedent did not revoke this voluntary trust before his/her death by will or otherwise, and that I am fully entitled to receive one part of the balance in said account, divided as designated by the account owner(s), as nearly as can be as determined by the number of beneficiaries living at the time of the account owner(s) death.

In consideration of the payment to me by the Bank of one part of the balance in said account, divided as designated by the account owner(s), as nearly as can be, as determined by the number of beneficiaries living at the time of the account owner (s) death, I hereby covenant and agree, for myself, my heirs, executors, trust, trust beneficiaries or administrators to indemnify said Bank and to save it harmless against loss, damage, expense or liability of any nature whatsoever resulting from such payment. I also agree to relinquish any further interest in said account.

4. To the best of my knowledge, all of the payable on death beneficiaries (if more than one is named) have survived the death of all account owners, or (if applicable), the following payable on death beneficiaries predeceased the last surviving account owner.

Name: _____ Date of Death: (refer to attached certified copy of death certificate)

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5. My relationship to decedent: _____.

6. My social security number/Federal tax ID number is: _____.

7. I can be reached by phone at (____) _____.

8. Please disburse the appropriate share of funds as follows:

☐ Deposit/Transfer to Citizens Account Number: _____

☐ Deliver the Official Check to the following address:

Address

City

State

Zip Code

☐ If the beneficiary is present in the branch, the Official Check can be provided directly to beneficiary.

9. **BANK USE ONLY:** Once the Official check is issued, please fill out the section below:

Branch #: _____ Employee ID: _____ Official Check#: _____ Amount: _____

Agreed and Certified by:

Beneficiary /Trustee Signature

Date

Certificate of Acknowledgement of Notary Public

Must be a U.S. Notary. Foreign notary or consular seals may NOT be substituted.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

State of _____
County of _____

On ____/____/____ before me, the undersigned, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY that the foregoing is true and correct. WITNESS my hand and official seal.

Notary Printed Name

Notary Signature

Date

Notary Stamp

My commission expires ____/____/____

Note for Beneficiary/Trustee: Please return the completed form and all required documents to the originating branch. If you are not working directly with a branch, please return the completed form and all required documents to:

Citizens
Decedent Processing ROP112
1 Citizens Drive Riverside RI 02915

Branch colleagues: Upon completion, fax this form along with death certificate to Decedent Account Processing at 855.724.2362. Send all original documents via InterTrack to Document Imaging at RTL330.