

Follow these easy steps to apply for an account by mail:

- All information is required unless otherwise indicated.** Failure to complete required information could delay or prevent us from opening your account(s). Federal law requires all financial institutions to obtain, verify, and record information that identifies each person seeking to open an account with Synchrony Bank. When you make an application to open an account, we will ask for the name, address, date of birth, taxpayer identification number, and other information that will allow us to identify all applicants. We may also ask for your driver's license number and/or other identifying documents. If you already have an account with Synchrony Bank and wish to open additional accounts, or look to add owners to an existing account, we must also obtain, verify and record the identification for those persons.
- Mail your application and include a personal check (money orders, third-party checks, double-endorsed checks, credit card checks and starter checks are not accepted for initial funding of your account(s) and will be returned) made **payable to: Synchrony Bank, P.O. Box 105972, Atlanta, GA 30348-5972.**
- Your account confirmation will arrive approximately 10 days from when the account(s) is opened. If you have any questions, please call toll-free at 1-800-901-2965. **Note: Synchrony Bank considers your account application and initial deposit as received when they are received at the address noted above.**

PRIMARY ACCOUNT OWNER INFORMATION

Select Type of Account Registration: ☐ Individual ☐ Joint

The primary account owner's Social Security Number will be used for U.S. information reporting (Form 1099) purposes.
The primary and any joint applicant(s) must be a U.S. citizen or U.S. lawful permanent resident (green card holder).

Name	First	Middle	Last		
- -				-	
Email Address				Date of Birth (Month/Day/Year)	
-					
☐ Driver's License Number ☐ State ID ☐ Military ID				☐ U.S. citizen or U.S. lawful permanent resident (green card holder).	
☐ Mobile				☐ If you do not have a phone number due to a hearing or speech disability, please check this box.	
☐ Secondary Phone (if available) ☐ Mobile				☒ Federal Tax Classification: Individual (For Individual and Joint Accounts. For all other Federal Tax Classifications, please call 1-800-901-2965 for application information.)	

JOINT ACCOUNT OWNER INFORMATION (OPTIONAL – MAXIMUM OF THREE)

First Joint Account

Owner's Name _____
First Middle Last

Email Address _____ Social Security Number _____ Date of Birth (Month/Day/Year) _____

Primary Phone _____ Mobile _____ Secondary Phone (if available) _____ Mobile _____

☐ If you do not have a phone number due to a hearing or speech disability, please check this box. ☐ U.S. citizen or U.S. lawful permanent resident (green card holder).

☐ Driver's License Number ☐ State ID ☐ Military ID ☐ State ☒ Federal Tax Classification: Individual
(For Individual and Joint Accounts. For all other Federal Tax Classifications, please call 1-800-901-2965 for application information.)

*Country of Citizenship (required field)

Current Street Address (P.O. Boxes not accepted) _____ City _____ State _____ ZIP Code _____ Years at Address _____

Previous Address (if you have lived at your current address for less than 2 years) _____ City _____ State _____ ZIP Code _____ Years at Address _____

*Occupation Code _____ *Employer (required field) _____ Employer Address _____
(required field)
See Appendix on page 5 for occupation code list.

Second Joint Account

Owner's Name _____
First Middle Last

Email Address _____ Social Security Number _____ Date of Birth (Month/Day/Year) _____

Primary Phone _____ Mobile _____ Secondary Phone (if available) _____ Mobile _____

☐ If you do not have a phone number due to a hearing or speech disability, please check this box. ☐ U.S. citizen or U.S. lawful permanent resident (green card holder).

☐ Driver's License Number ☐ State ID ☐ Military ID ☐ State ☒ Federal Tax Classification: Individual
(For Individual and Joint Accounts. For all other Federal Tax Classifications, please call 1-800-901-2965 for application information.)

*Country of Citizenship (required field)

Current Street Address (P.O. Boxes not accepted) _____ City _____ State _____ ZIP Code _____ Years at Address _____

Previous Address (if you have lived at your current address for less than 2 years) _____ City _____ State _____ ZIP Code _____ Years at Address _____

*Occupation Code _____ *Employer (required field) _____ Employer Address _____
(required field)
See Appendix on page 5 for occupation code list.

Third Joint Account

Owner's Name _____
First Middle Last

Email Address _____ Social Security Number _____ Date of Birth (Month/Day/Year) _____

Primary Phone _____ Mobile _____ Secondary Phone (if available) _____ Mobile _____

☐ If you do not have a phone number due to a hearing or speech disability, please check this box. ☐ U.S. citizen or U.S. lawful permanent resident (green card holder).

☐ Driver's License Number ☐ State ID ☐ Military ID ☐ State ☒ Federal Tax Classification: Individual
(For Individual and Joint Accounts. For all other Federal Tax Classifications, please call 1-800-901-2965 for application information.)

*Country of Citizenship (required field)

Current Street Address (P.O. Boxes not accepted) _____ City _____ State _____ ZIP Code _____ Years at Address _____

Previous Address (if you have lived at your current address for less than 2 years) _____ City _____ State _____ ZIP Code _____ Years at Address _____

*Occupation Code _____ *Employer (required field) _____ Employer Address _____
(required field)
See Appendix on page 5 for occupation code list.

NAME BENEFICIARY(IES) PAYABLE ON DEATH (OPTIONAL – MAXIMUM OF FOUR)

First Beneficiary Name

Street Address (P.O. Boxes not accepted) City State ZIP Code

Second Beneficiary Name

Street Address (P.O. Boxes not accepted) City State ZIP Code

Third Beneficiary Name

Street Address (P.O. Boxes not accepted) City State ZIP Code

Fourth Beneficiary Name

Street Address (P.O. Boxes not accepted) City State ZIP Code

Synchrony Bank will only take beneficiaries with a U.S. residence.

Beneficiary for:

☐ Acct. 1 ☐ Acct. 2 ☐ Acct. 3 ☐ Acct. 4 - -

Date of Birth (Month/Day/Year)

Beneficiary for:

☐ Acct. 1 ☐ Acct. 2 ☐ Acct. 3 ☐ Acct. 4 - -

Date of Birth (Month/Day/Year)

Beneficiary for:

☐ Acct. 1 ☐ Acct. 2 ☐ Acct. 3 ☐ Acct. 4 - -

Date of Birth (Month/Day/Year)

Beneficiary for:

☐ Acct. 1 ☐ Acct. 2 ☐ Acct. 3 ☐ Acct. 4 - -

Date of Birth (Month/Day/Year)

PLEASE SIGN

By signing below, you (1) acknowledge that you and your account(s) will be subject to the terms of the Synchrony Bank Account Agreement, a copy of which will be provided to you with your account confirmation; (2) certify your Taxpayer Identification Number (see box below); and (3) give Synchrony Bank your consent to obtain credit information, check references with other financial institutions, and use any commercially available database to verify your identity. All financial institutions are required by the federal USA PATRIOT Act to verify the identity of any person who is an owner on an account. By signing on an account, you give Synchrony Bank your consent to obtain credit information, check references with other financial institutions and use any commercially available database to verify your identity. You authorize Synchrony Bank (and any other owner or servicer of your account) to contact you about your account, including using any contact information or mobile phone numbers you have provided above and you consent to the use of any automatic telephone dialing system and/or artificial or prerecorded voice when contacting you, even if you are charged for the call under your phone plan. You are responsible for any charges.

CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I certify that:

- (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person (as defined in the instructions); and
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X

Primary Account Owner's Signature

Date

CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I certify that:

- (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person (as defined in the instructions); and
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X

First Joint Account Owner's Signature

Date

CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I certify that:

- (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person (as defined in the instructions); and
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X

Second Joint Account Owner's Signature

Date

CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I certify that:

- (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person (as defined in the instructions); and
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X

Third Joint Account Owner's Signature

Date

ACCOUNT SECURITY

Secret Word (For Phone Authentication Only)

You must choose a "secret word" that we will use to identify you when you speak to us by phone to access or service your account. Please avoid using personal, easily identifiable information such as names, Social Security Numbers, birthdays, anniversaries, etc.

Please use a word you will remember. Must be at least 6 characters long.

Primary Account Owner's Secret Word

First Joint Account Owner's Secret Word

Second Joint Account Owner's Secret Word

Third Joint Account Owner's Secret Word

Login ID (Optional)

If you want to be able to access your account online (via the Internet), you must choose a login ID. Your ID must be at least 6 characters long and can contain both letters and numbers. Your temporary password will be included in your Welcome Kit.

Primary Account Owner's Login ID

First Joint Account Owner's Login ID

Second Joint Account Owner's Login ID

Third Joint Account Owner's Login ID

REGISTER EXTERNAL ACCOUNT

I would like to register the external bank account from my initial funding check (enclosed with this application) so that I can use it for future transfers to and from Synchrony Bank. ☐ Yes ☐ No

If yes, please complete the rest of this section below.

Obtain the following information from the personal check you are enclosing to fund your new account. Additional external accounts can be registered online at synchronybank.com/members. To protect our customer's accounts, Synchrony Bank will make two small deposits to your external bank account Only after verifying these small deposits will your external account be linked to your new Synchrony Bank account.

Routing Number	Bank Name	Account Number	Owner(s)	Type (CHK/SAV)

Authorization Agreement for Electronic (ACH) Debits and Credits: I authorize Synchrony Bank to initiate electronic (ACH) entries to transfer funds to and from my account at Synchrony Bank and my account at the financial institution listed above. I certify that I am the lawful owner (or co-owner) of the account at the other financial institution listed above. I acknowledge that (1) the origination of electronic entries between my accounts must comply with the provisions of U.S. law; and (2) this authorization will be effective immediately upon (a) my correctly verifying the random payment orders sent by Synchrony Bank to my account at the designated financial institution listed above and (b) my confirmation that I understand and agree to the terms and conditions of the electronic entries between my accounts by completing the process provided herein. This authorization will remain in force and effect until Synchrony Bank (1) has received written notification from me of the termination of this authorization at the address provided and (2) has had a reasonable opportunity to act upon the notice of cancellation. I acknowledge that I am able to view and retain a copy of this Authorization, and that by signing below I agree to its terms.

X

Print Name (Primary Account Owner)

X

Signature

X

Print Name (First Joint Account Owner, if applicable)

X

Signature

X

Print Name (Second Joint Account Owner, if applicable)

X

Signature

X

Print Name (Third Joint Account Owner, if applicable)

X

Signature

***Occupation Code List**

Please insert these codes when completing the occupation fields of this document.

A 1 Administrative/General Office	H 1 Homemaker	S 1 Self-Employed/Business Owner
A 2 Advertising/Marketing/Communications	H 2 Hospitality/Entertainment	S 2 Student
C 3 Clerical/General Office/White Collar	M 3 Manufacturing/Industrial	T 3 Technology/Technical
E 4 Education	M 4 Military	T 4 Trade/Craftsman
F 5 Financial Services	M 5 Professional/Management	X 5 Not employed
C 6 Government/Civil Service	R 6 Retired	X 6 Not listed
H 7 Healthcare	R 7 Retail/Sales/Services	

ELECTRONIC BANKING

This Electronic Banking section describes your rights under the Electronic Fund Transfer Act and applies to your use of your Card and the other transactions described below.

Types of Electronic Fund Transfer Services

- **Online and Telephone Banking** – You may use our online and telephone services to make transfers between your accounts with us, and to transfer funds into or out of your account with us, and to send funds to third parties using the bill pay and Popmoney® services we may offer from time to time through the Automated Clearing House (“ACH”) network, subject to any limitations we may impose. See Account to Account Transfers section above and the terms of use applicable to bill pay or Popmoney® that you will receive if we offer that service to you and you use the service for more information. These services are not available for all account types, or for IRA, Trust or Estate accounts. We will let you know what account types are eligible for bill pay and Popmoney® if we offer that service to you and you use that service.
- **Direct Deposit** – You may have a third party electronically deposit funds (such as your paycheck or government benefits) into any account you own other than a CD.
- **ATM Access** – You may use your Card at ATMs that accept your Card (a Card is not available on IRA, Trust (except for the Grantor of a Revocable Trust who is also serving as a Trustee of the Trust) or Estate accounts and some of these services may not be available at all ATMs or terminals).
With a Card, you may:
 - Withdraw cash from your accounts;
 - Make deposits to your accounts;
 - Transfer funds between your accounts; or
 - You may also use your Card to pay for purchases at merchants that honor your Card.
- **Electronic Check Conversion** – You may authorize a merchant or other payee to make a one-time electronic transfer from your account using information from your check to pay for purchases or pay for bills. We are not responsible if the merchant or other third party does not notify you that a transaction will be processed as an electronic transfer.

Limitations on Electronic Fund Transfer Services

- **Non-Bank ATMs** – The use of your Card and/or access to any or all of your accounts at non-Bank ATMs may vary depending on the location and type of ATM you are using, the ATM network through which the transaction is being performed, or the policies of the ATM owner. A specific ATM or ATM network may not perform or permit all of the above listed transactions. Additionally, transactions at non-Bank ATMs may be subject to a surcharge assessed by the terminal owner or other restrictions that do not apply to the Bank.
- **Dollar Amount of Transfers** – For accounts that allow Card access, you may use your Card to withdraw up to the lower of your combined available account balances or \$1,010 daily from ATMs and you may also make purchases up to the lower of your combined available account balances or \$510 worth of goods or services daily when you use your Card or PIN for point-of-sale transactions. These limits are subject to change from time to time, subject to our providing you with notice as required by applicable law.
- **International Point-of-Sale Transactions** – You may not use an ATM card to make point-of-sale transactions outside of the U.S.
- **Other Limitations** – Applicable law limits your ability to make transfers from your savings and money market accounts as discussed in the Transaction Limitations sub-section of the High Yield Savings and Money Market Account section.

Fees for Electronic Fund Transfer Services – When you use an ATM not owned by us, you may be charged a fee (sometimes called a “surcharge”) by the ATM operator (or network used), and you may be charged a fee for a balance inquiry even if you do not complete a funds transfer. The fee or surcharge is imposed by the ATM or terminal owner or operator and is beyond the Bank’s control. We will charge you a fee as set out in the Account Requirements and Service Charges section of the Agreement if you request a stop payment of a preauthorized recurring electronic funds transfer or certain types of Popmoney® or bill pay transfers. We do not charge a fee for any other electronic fund transfer service. However, we reserve the right to add charges at any time and will notify you of any such charges as required by law.

Your Liability for Unauthorized Transfers – CONTACT US AND TELL US AT ONCE if you believe that your Card, PIN or Electronic Identifier has been lost, stolen, or if you believe that an electronic funds transfer has been made without your permission using information from your check. Telephoning us immediately at 1-800-901-2965 is the best way of minimizing your possible losses. You can also write to us at P. O. Box 105972, Atlanta, GA 30348-5972, or for expedited courier service, 485 Lake Mirror Rd., Atlanta, GA 30349. You could lose all the money in your account if you take no action to notify us of the unauthorized transfer, or the loss of your Card, PIN or Electronic Identifier.

- You can be liable for no more than \$50 if someone uses your Card, PIN or Electronic Identifier without your permission if you tell us within 2 Business Days after you learn of the loss, theft or unauthorized use of your Card, PIN or Electronic Identifier.
- You could be liable for as much as \$500 if you do NOT tell us within 2 Business Days after you learn of the loss, theft, or unauthorized use of your Card, PIN or Electronic Identifier, and we can prove that we could have stopped someone from using your Card, PIN or Electronic Identifier without your permission if you had told us.
- Also, if your statement shows electronic transfers that you did not make, you need to notify us at once. If you do not notify us within 60 days after the statement was sent or made available to you, you may not get back any money you lost after the 60 day time period if we can prove that we could have stopped someone from taking the money if you had notified us in time. If extenuating circumstances (such as a long trip or a hospital stay) kept you from notifying us, we may extend the time period.

Stop Payments on Preauthorized Transfers – If you have told the Bank in advance to make regular transfers out of your account, you can stop any of these transfers. Here's how:

- Call us at 1-800-901-2965 or write to the Bank at P.O. Box 105972, Atlanta, GA 30348-5972, or for expedited courier service, 485 Lake Mirror Rd., Atlanta, GA 30349 in time for us to receive your request 3 Business Days or more before the transfer is scheduled to be made.
- If you call, we may also require you to put your request in writing and get it to us within 14 days after you call.
- If the regular payments may vary in amount, the person you are going to pay will tell you 10 days before each payment when it will be made and how much it will be.
- We will charge you a fee for each stop payment order you give in the amount set forth in the Account Requirements and Service Charges section of the Agreement.

If you order the Bank to stop one of these payments 3 Business Days or more before the transfer is scheduled and the Bank does not do so, the Bank will be liable for your losses or damages.

Error Resolution – In the case of errors or questions about any of your electronic transfers, telephone us at 1-800-901-2965, or write to the Bank at P.O. Box 105972, Atlanta, GA 30348-5972, or for expedited courier service, 485 Lake Mirror Rd., Atlanta, GA 30349 as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent or made available to you the FIRST statement on which the problem or error appeared. You must:

- Give your name and account number;
- Describe the error or transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information; and
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send your complaint or question to us in writing within 10 Business Days.

We will determine whether an error occurred within 10 Business Days after we hear from you and will correct any error promptly. If we need more time, however, it may take up to 45 days to investigate your complaint or question. If we need additional time to investigate, we will provide a provisional credit to your account within 10 Business Days for the amount you think is in error so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive the written correspondence within 10 Business Days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 Business Days to credit your account for the amount you think is in error.

We will notify you of the results within 3 Business Days after we complete our investigation. If we determine that there was no error, we will send you a written explanation and may reverse any credit provided. You may ask for copies of the documents that we used in our investigation.

Documentation – You can get a receipt at the time you make any transfer to or from your account using one of our ATMs. You will get a monthly account statement unless there are no electronic fund transfers in a particular month. In any case, you will get the statement at least quarterly. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can access our website or call us at 1-800-901-2965 to find out whether or not the deposit has been made.

Liability for Failure to Complete Transactions – If we do not complete an electronic transfer to or from your account on time or in the correct amount, we will be liable for your losses or damages to the extent required by law. However, there are some exceptions and we will not be liable if:

- Through no fault of the Bank, you do not have sufficient available funds in your account to make the transaction;
- The ATM or terminal where you made the transaction did not have enough cash or other supplies;
- The ATM or terminal was not working properly and you knew about it when you started the transaction, or other equipment or software malfunctions occurred at the time you initiated the transaction;
- Circumstances beyond the Bank's control (such as power failure, fire or flood) prevent the transaction from occurring, despite reasonable precautions we have taken;
- The funds in your account are subject to legal process or other encumbrance restricting a transfer of funds from your designated account;
- Your Card or PIN has been reported lost or stolen or we have reason to believe that you or someone else is attempting to make a transfer for fraudulent or illegal purpose;
- You or we have terminated this Agreement; or
- Your Card or PIN has been canceled or your account has been closed.

There may be other exceptions stated in our Agreement with you.

Confidentiality – The Bank will disclose information to third parties about your account or the transfers you make:

- When it is necessary for completing transfers;
- In order to verify the existence and condition of your account for a third party, such as a credit bureau or merchant;
- In order to comply with government agency or court orders;
- In order to comply with applicable law;
- If you give us your permission; or
- In accordance with the Bank's Privacy Policy.