

5. The account owner(s) was/were my _____.

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 the funds as follows:

Transfer to Citizens Access Account Number _____

Deliver Cashier's Check to the following address:

Address

City

State

Zip Code

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 ____ / ____ / _____

Please mail completed form & documentation to:

Citizens Access
Decedent Processing ROP112
1 Citizens Drive
Riverside RI 02915