

I \_\_\_\_\_ hereby certify that I am of legal age and am a surviving Payable on Death Beneficiary on the account of the below named account owner. I hereby direct **Citizens Access a division of Citizens Bank, N.A.** (hereinafter "Bank") to close the listed account and disburse the funds in the form of a Cashier's Check mailed to the address I have specified below.

Account Type	Account Number	Held in the name(s) of:
<input type="checkbox"/> Online Savings <input type="checkbox"/> Online CD	_____	_____
<input type="checkbox"/> Online Savings <input type="checkbox"/> Online CD	_____	_____
<input type="checkbox"/> Online Savings <input type="checkbox"/> Online CD	_____	_____
<input type="checkbox"/> Online Savings <input type="checkbox"/> Online CD	_____	_____
<input type="checkbox"/> Online Savings <input type="checkbox"/> Online CD	_____	_____

I certify under penalty of perjury under the laws of the State of \_\_\_\_\_ the following statements are true & 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** a certified copy of the death certificate for each account owner.
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 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 into equal parts, as nearly as can be as determined by the number of beneficiaries living at the time of the trustee'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 trustee's death, hereby covenant and agree, for myself, my heirs, executors 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)  
 Name: \_\_\_\_\_ Date of Death: (refer to attached certified copy of death certificate)  
 Name: \_\_\_\_\_ Date of Death: (refer to attached certified copy of death certificate)  
 Name: \_\_\_\_\_ Date of Death: (refer to attached certified copy of death certificate)



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

6. I can be reached by phone at (\_\_\_\_) \_\_\_\_\_.

**Mailing address for Cashier's Check:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Beneficiary Signature Date

**SEE NOTARY SECTION ON NEXT PAGE.**

**ALL SIGNATURES MUST BE NOTARIZED.**

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.

Signature: \_\_\_\_\_

(Seal)

**Please mail completed form to:**

Citizens Access  
ROP 112  
1 Citizens Drive  
Riverside RI 02915