

Earnin

Death Notification Form

A. Deceased's Information

Full Name

Cellphone Number

Email Address

Address

Social Security Number

Date of Birth

Date of Death

Date of Notification

B. Deceased's Earnin Account Information

CM's User ID

CM's Username (i.e., email address or phone #)

| Product/Service | CM Enrolled? | | Bank Product/Service? | | | If Bank Product/Service, Identify Bank Partner |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | Yes | No | Yes | No | N/A | |
| Cash Out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Balance Shield | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tip Yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Deposit Account FKA Earnin Express | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Secured Account | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Credit Monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Earnin Card | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Credit Builder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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C. Funds Released & Recipient

| | Yes | No |
|--|--------------------------|--------------------------|
| Death Certificate Received? (Required before disbursement of funds) | <input type="checkbox"/> | <input type="checkbox"/> |
| Are funds being released on the date of notification? | <input type="checkbox"/> | <input type="checkbox"/> |

If funds are being released on the date of notification, please provide the following information:

Full Name of Funds Recipient _____

Relationship to Deceased _____

Address of Funds Recipient _____

Phone Number of Funds Recipient _____

Email address of Funds Recipient _____

D. Notes/Comments