



IRA Beneficiary Disbursement Election - Organization

Please complete this form as the representative of an organization named as a beneficiary of a deceased BECU member's IRA, and select a disbursement option below.

- BECU may request additional documentation to verify your authority to claim funds on behalf of the organization.
- BECU will provide you with information about next steps after we have processed this form.
- IRA beneficiary disbursements have tax implications. We recommend consulting a tax advisor.

Step 1. Decedent information

Decedent Name

Decedent SSN / TIN (9 digits)

Step 2. Beneficiary organization information

Organization Name

SSN / TIN (9 digits)

Phone

Organization Type

- Trust Estate LLC Partnership Corporation
 Sole Proprietorship Other: _____

Street Address

City

State / Province

ZIP / Postal Code

Country

Mailing Address (if different than above)

City

State / Province

ZIP / Postal Code

Country

Step 3. Individual claiming funds on behalf of an organization

Full Name

Date of Birth (mm/dd/yyyy)

SSN / TIN (9 digits)

Mother's Maiden Name

Phone

Street Address			
City	State / Province	ZIP / Postal Code	Country
Mailing Address (if different than above)			
City	State / Province	ZIP / Postal Code	Country
Valid Photo ID Number		ID Type	
State and Country Issued		Date Issued (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)

Step 4. Select disbursement option

- Direct transfer to inherited IRA at another financial institution
- Death distribution of the organization's portion of the funds

Step 5. Acknowledgment and consent

I acknowledge and agree that I have the proper authority to sign on behalf of the above named corporation, organization, or entity, and to direct BECU to release the funds as requested in the disbursement options above. I and the organization have consulted a tax advisor, and I and the organization fully understand the tax implications arising from any IRA direct transfer or death distribution. Neither I, nor the organization, nor anyone else acting on behalf of the organization will hold BECU responsible for any taxes, fees, or fines associated with this requested disbursement. I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements made in this attestation are true and correct, and it is executed at the place and on the date indicated below.

Signature	Printed Name
Today's Date (mm/dd/yyyy)	Place

If form is not submitted electronically, please return completed and signed form to:

BECU
 M/S: Account Servicing 1094-2
 PO Box 97050
 Seattle, WA 98124-9750