

Use this form to request documents pertaining to the BECU accounts of a deceased member.

## Step 1. Decedent's information

<b>Decedent's Full Name</b>	<b>SSN/TIN (9 digits)</b>
-----------------------------	---------------------------

## Step 2. Requestor's information

<b>Requestor's Full Name</b>		
<b>Mailing Address</b>		<b>City</b>
<b>State/Province</b>	<b>ZIP/Postal Code</b>	<b>Country</b>

## Step 3. Requestor authority and documentation

I am authorized to make this request as the:

- Joint account holder on all accounts
- Executor or Administrator
- Small Estate Affiant
- Other legally authorized individual

## Attach documentation

I have attached copies of the following documents:



- My photo identification (All requestors)
- Long-form death certificate (All requestors)
- Letters Testamentary or Letters of Administration (Executor or Administrator only)
- Small Estate Affidavit (Small Estate Affiant only)
- Other documentation granting authority (Other legally authorized individual only)

## Step 4. Preferred delivery method

Please select how you would like these documents delivered. (Select one)

- Secure email\*: \_\_\_\_\_  
\* Requires the creation of a username and password.
- Pick up documents at a BECU location\*\*  
\*\* Option is available only when this request is submitted in person.
- Mail delivery (to the address above)

## Step 5. Documents requested

Please specify all documents being requested.

<input type="checkbox"/> Statements	Account number(s): _____ Date range: _____ to _____ Additional details: _____ _____
-------------------------------------	--

<input type="checkbox"/> Checks	Deposited on: _____ (dates) Written on: _____ (dates) Amount(s): _____ Check number(s): _____ Account Number(s): _____
---------------------------------	--

<input type="checkbox"/> Tax forms	<input type="checkbox"/> 1099-INT: _____ (years) <input type="checkbox"/> 1099-R: _____ (years) <input type="checkbox"/> 1099-MISC: _____ (years) <input type="checkbox"/> 5498: _____ (years) <input type="checkbox"/> 1098: _____ (years)
------------------------------------	---

Continued on next page ....

## Step 5. Documents requested (continued)

<input type="checkbox"/>	Membership cards or Signature cards	Account number(s): _____ Date range: _____ to _____ Additional details: _____ _____
--------------------------	--	--

<input type="checkbox"/>	Date of Death Balance Letter	Account number(s): _____ Name(s) of decedent(s): _____ Date(s) of death(s): _____
	Allow up to 25 business days for processing.	

Other (Include specific details of what is being requested.)

## Step 6. Acknowledgment and signature

I personally verified and confirmed that all information provided and displayed in this form is accurate, complete, true, and submitted for the purpose indicated above. I understand that BECU will rely on such information in BECU's dealings with me.

<b>Requestor Signature</b>	<b>Date (mm/dd/yyyy)</b>
----------------------------	--------------------------

If form is not submitted electronically, please return all pages of the completed and signed form to:

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