



Authorization to Release Information to the Legal Representative of the Estate

Use this form to allow BECU to release information to a decedent's authorized representative, such as a court-appointed Executor.

By signing and submitting this form, you authorize BECU to release the information indicated below. This may include information about your accounts.

If you have any questions, call **800-233-2328** to speak with a BECU representative.

Step 1. Your information

Full Name		SSN / TIN (9 digits)
Email Address		Preferred Phone Number
Mailing Address		City
State / Province	Zip / Postal Code	Country

Step 2. Decedent's information

Decedent's Full Name	SSN / TIN (9 digits)
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Step 3. Executor / other legal representative of decedent information

Full Name		Preferred Contact Method <input type="radio"/> Email <input type="radio"/> Mail
Email Address		Phone Number
Mailing Address		City
State / Province	Zip / Postal Code	Country

Step 4. Authorization

I authorize BECU to release:

- My statements
- The decedent's statements
- Tax forms
- Other (details): _____

Including the following date range:

- Date range: _____ (MM/DD/YYYY) through _____ (MM/DD/YYYY)
- Any dates

This authorization:

- Does not expire
- Expires on: _____ (MM/DD/YYYY)

Step 5. Acknowledgements and consent

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the information I provide on this form is true and correct, provided for the purpose indicated above, and that this form is executed at the place and on the date indicated below.

Signature	Printed Name
Date (MM/DD/YYYY)	Place

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

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