



Deceased Member Documentation Request

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

Step 1. Decedent's information

Decedent's Full Name	SSN/TIN (9 digits)
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Step 2. Requestor's information

Requestor's Full Name	Phone Number	
Mailing Address	City	
State/Province	ZIP/Postal Code	Country

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)

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Step 5. Documents requested (continued)

☐ Membership cards or Signature cards Account number(s): _____
Date range: _____ to _____
Additional details: _____

☐ Date of Death Balance Letter Account number(s): _____
Name(s) of decedent(s): _____
Allow up to 25 business days for processing. Date(s) of death(s): _____

☐ 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.

Requestor Signature

Date (mm/dd/yyyy)

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