

- Use this form to claim funds on behalf of a beneficiary under the age of 18.
- An individual form must be completed for each beneficiary to claim their portion of the funds.
- Funds will be made payable to the beneficiary's name.

Step 1: Deceased account holder information

Print Decedent Name	SSN / TIN (9 digits)
----------------------------	-----------------------------

Step 2: Minor beneficiary information

Print Beneficiary Name

Date of Birth (MM/DD/YYYY)	SSN / TIN (9 digits)
-----------------------------------	-----------------------------

Step 3. Information of Adult with authority to act on behalf of minor

Print Name

Date of Birth (MM/DD/YYYY)	Phone Number
-----------------------------------	---------------------

Relationship to the Minor <input type="radio"/> Parent <input type="radio"/> Legal Guardian <input type="radio"/> Other: _____
--

Mailing Address

City	State	Zip Code	Country
-------------	--------------	-----------------	----------------

Step 4. Attach requested documents

Attach a copy of the following:



Document Types

- Long form death certificate
- One of the following documents to show proof of authority of minor:
 - Court issued document naming the legal conservator/guardian
 - Minor's birth certificate

Step 5. Payment instructions

Select method of claim payment:

- Transfer funds to the minor's BECU account.

Account Number(10 digits)

- Mail a cashier's check to the address listed above, made payable to the minor.
- Issue a cashier's check at the BECU location.
(This option is only available when this form is submitted in person, Monday – Friday.)

Step 6. Agreements and signatures

I acknowledge and agree that I am the legally authorized representative for the minor named above on this form and to my knowledge there is no person with a higher authority. That I have the legal authority to direct and or receive payment that the minor is entitled to receive. BECU may rely upon my representation and I agree to defend and to indemnify BECU against any and all claims, losses, damages, or judgements that may arise as a result of BECU releasing the funds into my care.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct:

Print Name	Signature
Place of 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
PO Box 97050
Seattle, WA 98124-9750