

MINOR BENEFICIARY CLAIM REQUEST FORM



1. Deceased Member Information

NAME OF DECEASED				
SOCIAL SECURITY / TAX IDENTIFICATION NUMBER (SSN / TIN)		DATE OF BIRTH	DATE OF DEATH	
STREET ADDRESS (required)	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
MAILING ADDRESS (if different from above)	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

2. Minor Beneficiary Information

If there is more than one beneficiary, each must complete a separate form.

PRINT NAME		SSN / TIN	PHONE	DATE OF BIRTH
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
MAILING ADDRESS (if different from above)	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
VALID PICTURE ID NUMBER	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE

3. Adult Claiming Funds on Behalf of the Minor Beneficiary Information

PRINT NAME		SSN / TIN	PHONE	DATE OF BIRTH
RELATIONSHIP TO THE MINOR <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Custodian <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____				
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
MAILING ADDRESS (if different from above)	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
VALID PICTURE ID NUMBER	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE

A photocopy of the valid picture ID must be attached.

4. Payment Instructions

Funds must be payable to the minor's name.

Choose one:

I would like to transfer the payment to the minor's BECU account: _____

I would like the payment to be paid by check to the minor's name and sent to the mailing address listed in section 2 of this form.

5. Agreements and Signatures of the Adult Claiming Funds on Behalf of the Minor Beneficiary

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 classification. 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:

(Date) (Place) (Signature)

Return completed form to:
BECU MS 1094-2, PO Box 97050, Seattle, WA 98124-9750
or Fax to 206-702-9125