

ADULT 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. 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

A photocopy of the valid picture ID must be attached.

3. Payment Instructions

Funds must be payable to the beneficiary's name.

Choose one:

I would like to transfer the payment to my BECU account number: _____

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

4. Agreements and Signatures of the Adult Beneficiary

I acknowledge and agree that I have legal authority to direct and or receive payment from the accounts held by the above-named deceased member. If the beneficiary is a corporation, organization, or entity, I acknowledge and agree that I have proper authority to sign on behalf of the corporation, organization, or entity, and to direct BECU to release the funds as requested in the Payment Instructions above.

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