



Organization Beneficiary Request to Claim Funds

- Use this form to claim funds on behalf of an organization beneficiary.
- If there are multiple beneficiaries, each beneficiary must complete the appropriate form(s) to claim their portion of the funds.
- All required signers for the organization beneficiary must individually submit a completed form.

Step 1: Deceased account holder information

Print Decedent Name	SSN / TIN (9 digits)
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Step 2: Organization beneficiary information

Print Organization Name	SSN / TIN (9 digits)
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Organization Type

<input type="radio"/> Estate	<input type="radio"/> Trust	<input type="radio"/> LLC
<input type="radio"/> Partnership	<input type="radio"/> Sole Proprietorship	<input type="radio"/> Other: _____

Mailing Address

City	State	Zip Code	Country
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Step 3. Individual claiming funds on behalf of an organization

Print Name

Relationship to the Organization	Phone Number
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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 within the organization:
 - Letters Testamentary
 - Trust Agreement
 - Business Resolution/Other formation documents

Step 5. Payment instructions

Select method to claim payment:

- Transfer the payment to the organization's BECU account.

Account Number(10 digits)

- Mail a cashier's check to the address listed above in Step 2, made payable to the organization.
- Issue a cashier's check at the BECU location, made payable to the organization.
(This option is only available when this form is submitted in person, Monday – Friday.)

Step 5. Agreements and signatures

I acknowledge and agree that I have legal authority to direct and or receive payment from the accounts held by the above-named decedent, and that I have proper authority to sign on behalf of the named organization beneficiary, 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:

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