

TRUST ACCOUNT – SUCCESSOR TRUSTEE CERTIFICATION AND ACCOUNT CLOSURE REQUEST



If you have any questions, please contact a BECU representative at 800-233-2328.

1. Account Information				
TRUST ACCOUNT NAME			SSN / TIN	PHONE NUMBER
STREET ADDRESS			CITY	
STATE / PROVINCE	ZIP / POSTAL CODE		COUNTRY	
MAILING ADDRESS (if different from above)			CITY	
STATE / PROVINCE	ZIP / POSTAL CODE		COUNTRY	
INITIAL TRUSTEE NAME (1)			SSN / TIN	DATE OF BIRTH
INITIAL TRUSTEE NAME (2)			SSN / TIN	DATE OF BIRTH
INITIAL TRUSTEE NAME (3)			SSN / TIN	DATE OF BIRTH
INITIAL TRUSTEE NAME (4)			SSN / TIN	DATE OF BIRTH

2. New Acting Trustee Information				
ACTING TRUSTEE NAME (1)				SSN / TIN
HOME PHONE	WORK PHONE	MOBILE PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
STREET ADDRESS				CITY
STATE / PROVINCE	ZIP / POSTAL CODE		COUNTRY	
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed			EMAIL ADDRESS	
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)		EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)		
ACTING TRUSTEE NAME (2)				SSN / TIN
HOME PHONE	WORK PHONE	MOBILE PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
STREET ADDRESS				CITY
STATE / PROVINCE	ZIP / POSTAL CODE		COUNTRY	
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed			EMAIL ADDRESS	
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)		EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)		

Continued on the next page.

2. New Acting Trustee Information (continued)

ACTING TRUSTEE NAME (3)				SSN / TIN	
HOME PHONE	WORK PHONE	MOBILE PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED	
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed			EMAIL ADDRESS		
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)			EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)		
ACTING TRUSTEE NAME (4)				SSN / TIN	
HOME PHONE	WORK PHONE	MOBILE PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
STREET ADDRESS				CITY	
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY	
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED	
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed			EMAIL ADDRESS		
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)			EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)		

3. Close Deposit Account(s)

Please Note:

- All ATM/debit cards assigned to this account will be canceled.
- Any payroll deductions, direct deposits, and/or automatic withdrawals or debits associated with this account will not be canceled. It is your responsibility to cancel such transactions.
- Any items presented after the closure date may not be accepted and may be returned.

Indicate deposit account number(s).

ACCOUNT NUMBER(S)	CLOSURE DATE
-------------------	--------------

Indicate disbursement of balance.

<input type="checkbox"/> Transfer balance to my BECU account.	ACCOUNT NUMBER	
<input type="checkbox"/> Issue check payable to _____ in person or mail to address below.		
STREET ADDRESS	CITY	
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

Indicate reason for closure.

<input type="checkbox"/> Competitor rates	<input type="checkbox"/> Consolidate BECU accounts	<input type="checkbox"/> Convenience	<input type="checkbox"/> Deceased	<input type="checkbox"/> Fees	<input type="checkbox"/> Fraud	<input type="checkbox"/> Matured CD
<input type="checkbox"/> Relocating / moving <input type="checkbox"/> Product / service issue <input type="checkbox"/> Other (please specify): _____						

4. Certification of Trust, Agreements, and Signatures

_____, Trustee(s) of the _____ [name of trust] (“Trust”)

hereby certify, represent, warrant, and declare as follows:

Trust Information

1) Trust name (as stated in the Trust document): _____

2) Name of all grantors, settlors, trustors, and other creator(s) of Trust: _____

3) Date Trust document was executed (if testamentary trust, provide date of the Will): _____

4) Dates of any amendments(s) to the Trust document (if testamentary trust, provide date of any codicil(s)): _____

5) Type of Trust:

Revocable, with person(s) having power to revoke, amend, or modify as follows:

- Grantors, settlors, trustors, or other creators of Trust
- Other person(s) having power to revoke, amend, or modify: _____

Irrevocable

6) The Trust is located in:

Washington State Not in Washington State

Relevant powers of the Trustee

The Trustee(s) have no restrictions in dealing the assets of the Trust

The Trustee(s) are subject to the following restrictions in dealing the assets of the Trust (list any restrictions): _____

By signing below, you, each Trustee declares under penalty of perjury under the laws of the state of Washington that the statements made in this Certification of Trust are true and correct, and it is executed at the place and on the date indicated below. Further, the Successor Trustee(s), acknowledge and agree; (1) that the information provided is accurate, complete, and true and that you have instructed BECU as to the proper title of the account and we may rely on the information in our dealing with you, now and in the future; (2) that BECU may receive information about your credit history and performance from others, including credit reporting agencies; (3) to the terms and conditions contained in this and any previously executed Trust Account Application; (4) that the Successor Trustee named above is/are the currently acting Trustee(s) and are duly qualified under applicable law to act as Trustee; (5) each Trustee is authorized to act independently on behalf of the Trust and without the consent of any other Trustee or person; (6) the Trustee(s) is/are authorized to transact on the account and close the account; (7) to the best of Trustee's/Trustees' knowledge, there is no claim, litigation, cause of action alleged, or challenge of any kind, which contests or questions the validity of the Trust or a Trustee's authority to act on behalf of the Trust; and (8) the Trust is in full force and effect and has not been terminated, revoked, amended, or modified in any way that causes the representation in the Certification of Trust to be inaccurate or incorrect. The undersigned will promptly notify BECU in writing of any change in the currently acting Trustee(s) or of any revocation, amendment, or modification to the Trust that would cause the representations made in the Certification of Trust to become inaccurate or incorrect.

NEW ACTING TRUSTEE SIGNATURE (1)	DATE	CITY	STATE
NEW ACTING TRUSTEE SIGNATURE (2)	DATE	CITY	STATE
NEW ACTING TRUSTEE SIGNATURE (3)	DATE	CITY	STATE
NEW ACTING TRUSTEE SIGNATURE (4)	DATE	CITY	STATE

BECU Use Only

PERSON NUMBER / ORG NUMBER (depending on type of account)	DATE	REP
---	------	-----

OFAC completed for all new acting Trustees OFAC completed for Trust name

**Return the completed form in person to any BECU location or by mail to:
 BECU Mail Stop 1094-2 PO Box 97050 Seattle, WA 98124-9750 or by fax to 206-702-9125.**