



Deceased Tax Owner Account Closure Request by Joint Account Holder

Use this form to close all accounts on which you are a joint account holder and the decedent is the tax owner. Do not complete this form until you are ready to close all accounts on which the decedent is a tax owner.

You understand that after these accounts are closed:

- Accounts may be reopened without prior notice to you in order to settle returned deposits previously made to your account or to honor preauthorized payment instructions from your account. Read Step 4: Agreements section below for details;
- Except for in the cases mentioned above and in Step 4: Agreement below, we will dishonor and return checks, ACH transactions, or other items presented for payment from, or deposit to, your account;
- We will cancel all ATM and debit cards belonging to these accounts.

Note: This request will not cancel preauthorized direct deposits or automatic withdrawals from these accounts. It is your responsibility as a joint account holder to cancel such third-party agreements.

If you have any questions, please call **800-233-2328** to speak with a BECU representative.

Step 1. Decedent's information

Decedent's Full Name	SSN/TIN (9 digits)
-----------------------------	---------------------------

Step 2. Joint Account Holder's information

Joint Account Holder's Full Name	SSN/TIN (9 digits)
---	---------------------------

Step 3. Distribute the remaining funds (select one option)

The funds may be paid your BECU account or issued as a cashier's check in your name. The funds cannot be paid to the Estate or another individual.

- Transfer the balance(s) to my BECU account number: _____
- Issue a cashier's check at a BECU location.*
* This option is available only when this form is submitted in person.
- Mail a cashier's check to the following address:

Mailing Address		City
State/Province	ZIP/Postal Code	Country

Step 4. Agreements

The information you have provided in this form is complete, true, and submitted for the purpose of closing accounts with BECU. You understand that we may rely on this information in our dealings with you now and in the future, and that it is a federal crime to willfully and deliberately provide incomplete or incorrect information to a state-chartered credit union insured by the NCUA. You understand that we will continue to accept and settle debits, transfer instructions and checks as we receive them while we process your closure request. After the account closure process is complete, we have no obligation to accept or settle deposits or pay outstanding checks or other items presented for payment. However, we may receive a debit or transfer instruction that we are required to accept and settle because of contractual obligations, card network or NACHA rules including but not limited to debit card transactions, automatic clearing house (ACH) transactions, bill pay or Zelle® transactions, and checks you deposited that were returned unpaid, in which case we will reopen your account for purposes of accepting and settling the debits and transfer instructions. This means that we may reopen your account at any time to deduct from your account the amount of any debits or transfer instructions that we receive that we are obligated to accept and settle even if doing so creates a negative balance in your account. We will close your account after we settle the debit or transfer instruction. BECU's Account Agreements and all other terms and conditions regarding your account govern your account when it is reopened and after your account is closed. You agree to immediately pay all amounts you owe us including but not limited to the negative balance in your account and any fees, costs, and expenses incurred while collecting or attempting to collect such amount from you. You agree that we may report information about your account to credit bureaus and it may show up on your credit report as unpaid debt.

Step 5. Acknowledgment and signature

By signing below, I certify that I have read, understand, and agree with the above Agreements. Further, I personally verified and confirmed that all information provided and displayed in this form is accurate, complete, true, and submitted for the purpose indicated above.

Joint Account Holder's 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: Account Servicing 1094-2
PO Box 97050
Seattle, WA 98124-9750

BECU only

Employee Name	Date (mm/dd/yyyy)
----------------------	--------------------------