

CLAIM FUNDS OF DECEASED MEMBER



CLAIMANT'S NAME	CLAIMANT'S ADDRESS
DECEDENT'S NAME	DECEDENT'S SOCIAL SECURITY NUMBER

BASIS OF CLAIM (CHECK ONE)

- ☐ The Community Property Agreement is attached and I am the named survivor in the document. Funds will be payable to my name.
- ☐ The Letters Testamentary (or Letters of Administration or other court document) is attached and I am named to act on behalf of the Estate. Funds will be payable to the Estate's name.
- ☐ There is no Community Property Agreement or Estate controlling the funds. I am the surviving heir and the funds will be payable to my name.

MANNER OF DISBURSEMENT (CHECK ONE)

- ☐ Please transfer funds to the claimant's BECU account number: _____
- ☐ Please mail a check payable to the claimant's name to the address above.

SIGNATURES

PRINTED NAME	SIGNATURE	DATE
PRINTED NAME	SIGNATURE	DATE
PRINTED NAME	SIGNATURE	DATE

If there are multiple executors, all must sign the form or provide proof of their ability to act independently.