CONSERVATOR INSTRUCTIONS AND AFFIDAVIT

1. Conservator Information

CONSERVATOR NAME

2. Incapacitated Person Information

INCAPACITATED PERSON NAME
CONSERVATORSHIP CASE NUMBER

3. Existing Account Information (if available)

LAST 4 DIGITS OF ACCOUNT NUMBER AND BALANCE	LAST 4 DIGITS OF ACCOUNT NUMBER AND BALANCE
LAST 4 DIGITS OF ACCOUNT NUMBER AND BALANCE	LAST 4 DIGITS OF ACCOUNT NUMBER AND BALANCE

4. Conservator Agreement, Authority, and Instructions

☐ I have the authority to change the address on the Incapacitated Person's account to my address as provided in the section above.

☐ I have the authority to restrict the Incapacitated Person from accessing his/her account(s).

☐ I agree to notify BECU in writing of any change(s) in my legal status as Conservator of the Incapacitated Person indicated above, and I understand that BECU is relying on the information provided herein and will only rely upon written notification concerning my legal status as Conservator when conducting business with me as Conservator for the Incapacitated Person indicated above.

☐ I agree that all joint account holders will be removed from any deposit accounts that the incapacitated person is the tax owner on.

☐ I agree that the incapacitated person will be removed from any deposit accounts that they are a joint account holder on.

☐ I agree to notify any Joint Account Holders of the changes made to the Incapacitated Person's account(s), as described in BECU's Account Agreements.

☐ I agree that I cannot be added as a Joint Account Holder on the Incapacitated Person's account.

☐ I agree that BECU has given me no advice. I expressly assume the responsibility for any adverse consequences that may arise from this Conservatorship Affidavit and I agree that BECU shall in no way be held responsible.

☐ I agree that BECU may suspend any available lines of credit currently held in the Incapacitated Person's name.

☐ I agree that if I choose to have access to Online Banking and remote services, I will have simultaneous access to my personal accounts and the Conservatorship account on which I am Conservator, and BECU shall have no liability for my transactions resulting in commingling of funds.

5. Conservator Instructions

1. Place stop payment on all outstanding checks.	☐ Yes ☐ No
2. Place stop payment on all preauthorized debits.	☐ Yes ☐ No
3. Place a court-ordered block on the Incapacitated Person's accounts.	☐ Yes ☐ No
4. Close existing Home Equity Line of Credit. (Borrower shall remain liable for any outstanding debt.)	☐ Yes ☐ No
5. Close existing Personal Line of Credit (Borrower shall remain liable for any outstanding debt.)	☐ Yes ☐ No
6. Close existing Credit Card(s) (Borrower shall remain liable for any outstanding debt.)	☐ Yes ☐ No
Special Instructions:	

6. Conservator Affidavit

- The attached Copy of Letters of Conservatorship or Letters of Office, and Order Appointing Conservator are true and correct copies or originals duly issued by the court.
- As of this date, I am the duly appointed Conservator with the authority over the assets held by BECU but owned or subject to withdrawal or delivery to a BECU depositor.
- I understand and agree that pursuant to the Revised Code of Washington 11.130.54, BECU may rely on this Conservator Instructions and Affidavit without inquiry and shall not be subject to any liability of any nature whatsoever to any person whatsoever, including but not limited to BECU's depositor or any other person with ownership or other interest in or right to asset(s) including, but not limited to, delivery of asset(s) to the Conservator.
- I will and do receive delivery or control of each asset solely in my capacity as Conservator. By signing below, I declare under penalty of perjury under the laws of the state of Washington that all the information provided above and the statements made in this affidavit are true and correct, and it is executed at the place and on the date indicated below.

CONSERVATOR SIGNATURE	DATE AND PLACE

7. Notary Public

STATE OF	COUNTY OF	NOTARY STAMP
SIGNED AND AFFIRMED BEFORE ME ON		
NOTARY NAME (printed)		
NOTARY SIGNATURE		
RESIDING IN	MY APPOINTMENT EXPIRES	

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