

REQUEST TO ESTABLISH A GUARDIANSHIP ACCOUNT

A Guardianship account is established by the court when a person is legally incapacitated and unable to manage their financial affairs. The court-appointed guardian of a person's estate can be an individual or guardianship services organization, which manages the financial affairs of the incapacitated person.

HELP US TO QUICKLY PROCESS YOUR REQUEST TO OPEN OR CONVERT GUARDIANSHIP ACCOUNTS BY PROVIDING A FEW THINGS TO GET STARTED:

- Print and complete the Guardianship Account Application located on becu.org.
- Gather the required documents and information (see below).

DOCUMENTS REQUIRED:

- Guardianship Account Application
- BECU Guardian Instructions and Affidavit
- Copy of the Letters of Guardianship
- Copy of the Court Order appointing Guardian
- Unsigned Receipt of Funds (if Guardianship contains a blocked account requirement)
- Copy of Court Order showing the out-of-state Guardian has been registered in Washington state (if applicable)

IMPORTANT INFORMATION ABOUT OPENING A GUARDIANSHIP ACCOUNT:

- The Social Security number (SSN) or Taxpayer Identification number (TIN) is required for the court-appointed guardian(s) and the legally incapacitated person.
- The court-appointed guardian of a legally incapacitated person's estate is an individual or guardianship services organization that manages the financial affairs of the incapacitated person. BECU only reviews for guardianship of the incapacitated person's estate, not guardianship of the person. Guardianship over the person would not provide any financial powers.
- A monthly statement is generated for the guardianship accounts. It is mailed in the tax owner's name, in care of the guardian, to the primary address on file.

- Available guardianship account types: Member Share Savings, Savings, Checking, Money Market, and Certificate of Deposit (CD). A Member Share Savings account is required to establish membership for the guardianship.
- Guardianship accounts cannot be set up immediately because they require a document review before they can be set up.
- If the member had loans before they were deemed legally incapacitated and represented by a court-appointed guardian:
 - BECU will revoke limits on any active personal Line of Credit or Visa accounts, with or without balances, so that funds can no longer be advanced.
 - Existing Home Equity Line of Credit loans can only be closed if directed by the Guardian or if the borrower fails to meet the terms of repayment.
 - Having a guardian assigned does not release the incapacitated person from any loan contracts that they entered into prior to being declared incapacitated by the court.
 - Their estate is required to make the loan payments on existing loans until these loans are paid in full.
- Accounts can be set up with a single guardian or with multiple co-guardians. In the case of multiple co-guardians, in order to set up an account, the court will have had to grant the authority for the co-guardians to act independently of each other.
- While BECU will accept non-certified copies of your court documents, we must be able to verify that they have been filed with the appropriate court.
- If the guardianship has been established outside of Washington state, additional documents will be required. Please consult a Washington state attorney to assist you with registering the guardianship with a Washington state court and provide the copy of the court order showing the guardianship has been registered.

WHAT'S NEXT?

Return the completed application, required documents, and information by one of the following:

- In person to any BECU location. To find a location near you, visit becu.org/locations.
- Fax to **206-805-5612**
- Mail to:

BECU
 Account Servicing M/S 1094-2
 PO Box 97050
 Seattle, WA 98124-9750

Once we have received your request, a representative may contact you to review the information provided.

If you have any questions, please call a BECU representative at **800-233-2328**. You can also send us a secure message using Messenger in Online and Mobile Banking.

GUARDIANSHIP ACCOUNT APPLICATION AND CHANGE REQUEST



Welcome to Boeing Employees' Credit Union. Thank you for choosing BECU for your financial service needs. As a not-for-profit credit union, we are able to offer our members better rates, fewer fees, and more affordable financial services. Please complete, sign in ink, and return this form to apply for membership or change information on your current account. If you have any questions, please contact a BECU representative at 800-233-2328.

New account Close account Change the following account: _____

1. Account Information

Important information about procedures for opening a new account: Federal law requires all financial institutions to help the government fight the funding of terrorism and money laundering activities by obtaining, verifying, and recording information that identifies each person who opens an account. What this means to you: When you open an account we ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

PRIMARY MEMBER / INCAPACITATED PERSON NAME				SSN / TIN
HOME PHONE	WORK PHONE	MOBILE PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
STREET ADDRESS				CITY
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY
MAILING ADDRESS (if different from above)				CITY
STATE / PROVINCE		ZIP / POSTAL CODE		COUNTRY
MEMBERSHIP ELIGIBILITY				

2. Guardian Information

GUARDIAN 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)	
GUARDIAN 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)	

3. Account Type

Select all that apply.

Member Share Savings Account

Issue card to: Guardian (1) Guardian (2)

Savings Account

Issue card to: Guardian (1) Guardian (2)

Checking Account

Issue card to: Guardian (1) Guardian (2)

Money Market Account

Issue card to: Guardian (1) Guardian (2)

CD Account

How many months? _____ Add-To Option (Complete Account to Account Transfer form)

Close out CD upon maturity. Transfer interest to another account.

Deposit funds to account number: _____ Post to account number: _____

4. Request Checks

Indicate information to print on checks.

Check will be printed with: [name of Incapacitated Person], in care of [name(s) of Guardian(s)], Guardian.

Address Phone number

5. 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.
- If a CD account is selected for closure or early redemption, early withdrawal penalty may apply and will be deducted from your total withdrawal.

Indicate deposit account number(s).

ACCOUNT NUMBER(S)	CLOSURE DATE (max. 1 week out)
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Indicate disbursement of balance.

<input type="checkbox"/> Transfer balance to BECU account.	ACCOUNT NUMBER
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Issue check to _____ in person or mail to address below.

STREET ADDRESS		CITY
STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

Indicate reason for closure.

Competitor rates Consolidate BECU accounts Convenience Deceased Fees Fraud Matured CD
 Relocating / moving Product / service issue Other (please specify): _____

6. Agreements and Signatures

By signing below, you the person establishing the account and Authorized Signer on the account, acknowledge and agree: (1) You have received, read, understood, and agree to all of the terms and conditions contained in the Boeing Employees' Credit Union Account Agreements, BECU's Privacy Statement, Regulation D Explanation, and BECU's Consumer Account Disclosure, all as amended to date and all of which you will retain for your records; (2) The information you have given in this form is complete, true, and submitted for the purpose of opening a deposit account with BECU now and/or later, or for directing us to take specific actions on an account. 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; (3) BECU may make inquiries necessary to evaluate your applications and to conduct periodic reviews of your BECU accounts, including ordering a credit report, and you instruct BECU to obtain and use such information in determining to notify you about other products and services. You agree that we may tell others about our credit experience with you, and may report information about your accounts to credit bureaus. Late payments, missed payments, or other defaults on your accounts may be reflected in your credit report; (4) All of the credit or other information concerning you that BECU may obtain now or in the future will be compiled, stored, and used in accordance with BECU's Privacy Statement as amended from time to time; (5) By providing your email address, you agree that BECU may send marketing material to you electronically; (6) For non-marketing purposes, BECU and its service providers may contact you about your current or future BECU accounts or applications at any telephone number you provide now or in the future. BECU may use automated telephone dialing, text messaging systems, prerecorded or artificial voice message calls, and electronic mail to contact you. Standard data and message rates may apply and you agree that BECU will not be liable for such fees. You agree to update us promptly when your telephone number changes. At any time, you may update your contact information or revoke your consent to receive non-emergency calls or text messages at a telephone number that has been assigned to a wireless device (or any other service that charges on a per-call basis) by contacting us at 1-800-233-2328, or by texting STOP to the number specified in a text message to cancel. By signing below as guardian, you certify that you are authorized by court orders or applicable law to request new accounts, cause requested changes to be implemented, agree to terms of any additional requested products and services with BECU, and to take all other actions and steps reasonable or necessary to do so, and deliver any instruments, or agreements as necessary to BECU. Any action taken by you is ratified and confirmed by any and all with authority to do so. It shall not be necessary for BECU to inquire further into your powers.

By signing below, you understand that if you choose to have access to Online Banking and Remote Services you will have simultaneous access to your personal accounts and any guardianship account on which you are an Authorized Signer, and BECU shall have no liability for your transactions resulting in commingling of funds. You understand that, Blocked Accounts are not accessible via shared branch, and account owners of such accounts shall have no access to shared branch services for any other accounts that they may own.

Taxpayer Identification Number Certification and Backup Withholding Information

By signing below, I certify in accordance with the IRS W-9 instructions and under penalties of perjury that: 1. The number shown on this form is the correct taxpayer identification number for this account (or I am waiting for a number to be issued), and 2. The account owner is not subject to backup withholding because: (a) he, she, or it is exempt from backup withholding, or (b) has not been notified by the Internal Revenue Service (IRS) that he, she, or it is subject to backup withholding as result of a failure to report all interest or dividends, or (c) the IRS has notified the account owner that he, she or it is no longer subject to backup withholding, and 3. The account owner is a U.S. person (including a U.S. resident alien).

Certification Instructions. Cross out item 2 above if the account owner has been notified by the IRS that he, she or it is currently subject to backup withholding because he, she or it has failed to report all interest and dividends on necessary tax returns. Cross out item 3 and complete a W-8 BEN if the account owner is not a U.S. person.

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

GUARDIAN SIGNATURE (1)	DATE
GUARDIAN SIGNATURE (2)	DATE

BECU Use Only

NEW ACCOUNT NUMBER(S)	DATE	REP
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Guardianship Account:

- Established by the Guardian(s) and owned by the Incapacitated Person
 - Letters of Guardianship*
 - Court order appointing Guardian(s)* (The order must state that all Guardians, when more than one, have the ability to act independently.)
 - BECU form: Notarized Guardian Instructions and Affidavit for each acting Guardian
 - Receipt of Funds court document to be signed by BECU (only if court instructs account funds to be blocked)
- * a copy of the certified documents is acceptable

- | | |
|--|---|
| <input type="checkbox"/> IDV completed for Incapacitated Person and all Guardians | <input type="checkbox"/> Notes placed on account(s) |
| <input type="checkbox"/> QualiFile® completed for Incapacitated Person and all Guardians | <input type="checkbox"/> Restriction flags placed on account(s) |
| <input type="checkbox"/> OFAC completed for Incapacitated Person and all Guardians | <input type="checkbox"/> Retail: Reviewed and approved |
| <input type="checkbox"/> Incapacitated Person does not have signing power | |

**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 206-805-5612
 To find a location near you, visit becu.org/locations**

GUARDIAN INSTRUCTIONS AND AFFIDAVIT



1. Guardian Information

GUARDIAN NAME		DATE OF BIRTH		
STREET ADDRESS		CITY		
STATE / PROVINCE	ZIP / POSTAL CODE		COUNTRY	
MAILING ADDRESS (if different from above)		CITY		
STATE / PROVINCE	ZIP / POSTAL CODE		COUNTRY	
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED

2. Incapacitated Person Information

INCAPACITATED PERSON NAME		DATE OF BIRTH		
STREET ADDRESS		CITY		
STATE / PROVINCE	ZIP / POSTAL CODE		COUNTRY	
GUARDIANSHIP CASE NUMBER				

3. Existing Account Information (if available)

ACCOUNT NUMBER AND BALANCE	ACCOUNT NUMBER AND BALANCE
ACCOUNT NUMBER AND BALANCE	ACCOUNT NUMBER AND BALANCE

4. Guardianship Agreement, Authority, and Instructions

Check all applicable items.

- 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 have the authority to remove all Joint Account Holders.
- I have the authority to restrict all Joint Account Holders from access to accounts.
- I have the authority to cancel all Joint Account Holders' ATM cards, Online Banking, and Remote Services.
- I agree to notify BECU in writing of any change(s) in my legal status as Guardian 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 Guardian when conducting business with me as Guardian for the Incapacitated Person indicated above.
- 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 Guardianship 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 guardianship account on which I am Guardian, and BECU shall have no liability for my transactions resulting in commingling of funds.

5. Guardian Instructions

1. Place stop payment on all outstanding checks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Place stop payment on all preauthorized debits.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Place a court-ordered block on the Incapacitated Person's accounts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Close existing Home Equity Line of Credit. (Borrower shall remain liable for any outstanding debt.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special instructions:	

6. Guardian Affidavit

- The attached Letters of Guardianship and Order Appointing Guardian are true and correct copies or originals duly issued by the court.
- As of this date, I am the duly appointed Guardian 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 11.92.096, BECU may rely on this Guardian 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 assets(s) to the Guardian.
- I will and do receive delivery or control of each asset solely in my capacity as Guardian.
- 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.

GUARDIAN 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	

BECU Use Only

DATE ASSETS ASSUMED	
ACCOUNT NUMBER AND BALANCE	ACCOUNT NUMBER AND BALANCE
ACCOUNT NUMBER AND BALANCE	ACCOUNT NUMBER AND BALANCE