



1. Deceased Member Information

NAME OF DECEASED				
SOCIAL SECURITY / TAX IDENTIFICATION NUMBER (SSN / TIN)		DATE OF BIRTH	DATE OF DEATH	
STREET ADDRESS (required)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE
MAILING ADDRESS (if different from above)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE
				COUNTRY

2. Beneficiary Information

If there is more than one beneficiary, each must complete a separate form.

PRINT NAME		SSN / TIN	PHONE	DATE OF BIRTH
STREET ADDRESS		CITY	STATE / PROVINCE	ZIP / POSTAL CODE
MAILING ADDRESS (if different from above)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE
				COUNTRY
VALID PICTURE ID NUMBER	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE

3. Adult Claiming Funds on Behalf of the Minor Beneficiary Information

To be completed only if the claiming beneficiary is a minor.

PRINT NAME		SSN / TIN	PHONE	DATE OF BIRTH
RELATIONSHIP TO THE MINOR <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Custodian <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____				
STREET ADDRESS		CITY	STATE / PROVINCE	ZIP / POSTAL CODE
MAILING ADDRESS (if different from above)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE
				COUNTRY
VALID PICTURE ID NUMBER	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE

4. Payment Instructions

Choose one:

I would like to transfer the payment to my BECU account.

I would like the payment to be paid by check and sent to the mailing address listed in section 2 of this form.

I would like the payment sent by way of domestic wire. I understand I will be charged a fee for sending the wire.*

*Authorized party must complete the necessary wire instruction forms. International wire transfer is not available for this payment.

5. Agreements and Signatures of the Adult or Corporate, Organizational, Entity Beneficiary

I acknowledge and agree that I have legal authority to direct and or receive payment from the accounts held by the above named deceased member. If the beneficiary is a corporation, organization, or entity, I acknowledge and agree that I have proper authority to sign on behalf of the corporation, organization, or entity, and to direct BECU to release the funds as requested in the Payment Instructions above.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct:

DATE	PLACE	NAME	SIGNATURE
DATE	PLACE	NAME	SIGNATURE

6. Agreements and Signatures of the Adult Claiming Funds on Behalf of the Minor Beneficiary

I acknowledge and agree that I am the legally authorized representative for the minor named above on this form and to my knowledge there is no person with a higher classification. That I have the legal authority to direct and or receive payment that the minor is entitled to receive. BECU may rely upon my representation and I agree to defend and to indemnify BECU against any and all claims, losses, damages, or judgements that may arise as a result of BECU releasing the funds into my care.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct:

(Date and Place) (Signature)

Notary Public

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

STATE OF	COUNTY OF	NOTARY STAMP
NOTARY'S PRINTED NAME	SIGNATURE OF NOTARY	
SIGNED AND AFFIRMED BEFORE ME ON	RESIDING IN	MY APPOINTMENT EXPIRES

Return completed form to:
 BECU MS 1094-2, PO Box 97050, Seattle, WA 98124-9750
 or fax to 206-805-5612