CONSUMER ACCOUNT CLOSURE REQUEST CHECKLIST

HELP US PROCESS YOUR CONSUMER ACCOUNT CLOSURE REQUEST FASTER BY PROVIDING A FEW THINGS TO GET STARTED:

- Print and complete a Consumer Account Closure Request form located on becu.org.
- Gather the required documents and information (see below).
- Return the completed form and required documents and information by one of the following:
  - In person to any BECU location
  - Fax to 206.805.5612
  - Mail to: BECU
    Attn: Account Servicing
    PO Box 97050
    Seattle, WA 98124

(Note: If returning form by fax or mail, please provide a photocopy of the required documents including photocopies of identification from all required signers.)

HERE’S HELPFUL INFORMATION REGARDING CLOSING ACCOUNTS:

There are times when we are unable to close member share savings, checking, or other deposit account(s) and may require an account or loan to be closed, paid in full, or other issue resolved first. Accounts with negative balances must be brought positive before they can be closed.

SOME REASONS WE ARE UNABLE TO CLOSE A SAVINGS ACCOUNT:

- Active loan, line of credit or Visa account with a balance
- Active Visa account
- Active checking account
- Active IRA or Money Market account
- Negative balance
SOME REASONS WE ARE UNABLE TO CLOSE A CHECKING ACCOUNT:

• Active line of credit
• Negative balance
• Pending debit card transactions (unless the checking account is being replaced with a new account because of fraud)

WHAT'S NEXT?

Thank you for providing the requested information and documentation. Upon review of your request, a representative may contact you to review the information provided. We may need additional information to complete the request.

If you have any questions, please contact a BECU representative at 800.233.2328.
CONSUMER ACCOUNT CLOSURE REQUEST

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☐ Close savings, checking, money market, or CD account (Complete sections 1, 2, and 6.)
☐ Cancel line of credit or credit card account (Complete sections 1, 3, and 6.)
☐ Close and open new account due to fraud (Complete sections 1, 2, 4, 5, and 6.)

1. Member Information

| MEMBER NAME | 
| Bremain USE ONLY | 
| SOCIAL SECURITY NUMBER (SSN) / TAXPAYER ID NUMBER (TIN) |
| HOME PHONE | WORK PHONE | MOBILE PHONE | DATE OF BIRTH | MOTHER’S MAIDEN NAME |
| STREET ADDRESS (required) | CITY | STATE / PROVINCE | ZIP / POSTAL CODE | COUNTRY |
| MAILING ADDRESS (if different than above) | CITY | STATE / PROVINCE | ZIP / POSTAL CODE | COUNTRY |
| VALID PICTURE ID NUMBER | ID TYPE | ISSUE DATE | EXPIR. DATE | STATE & COUNTRY ISSUED |
| EMPLOYMENT | EMAIL ADDRESS |
| ☐ Employed ☑ Self-Employed ☐ Retired ☐ Unemployed ☐ Never Employed |
| OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed) | EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed) |

2. Close BECU Deposit Account(s) (Not valid for IRAs.)

This request will:
1. Cancel all ATM/debit cards assigned to this account.
2. Suspend your line of credit for the associated checking account.
3. NOT cancel any payroll deductions, direct deposits, and/or automatic withdrawals or debits associated with this account. (It is your responsibility to cancel such transactions.)
4. Result in any items presented after the closure date to be dishonored and returned.
5. Deduct the penalty stated below from your total withdrawal if a CD account is selected for closure or early redemption.

Indicate deposit account number(s)

| ACCOUNT NUMBER(S) | CLOSURE DATE |
| Transfer balance to my BECU account | ACCOUNT NUMBER |
| Issue check and mail to address below | ADDRESS | CITY | STATE / PROVINCE | ZIP / POSTAL CODE | COUNTRY |

Indicate reason for closure

☐ Competitor rates ☐ Convenience ☐ Member service ☐ Consolidate BECU Accounts ☐ Deceased
☐ Fraud / Compromise ☐ Relocating / Moving ☐ Other (must specify reason):

3. Cancel Credit Account

Indicate type of account to close

☐ Personal Line of Credit ☐ Home Equity Line of Credit ☐ Visa® Credit Card

Indicate reason for closure

☐ Competitor rates ☐ Products and services selection ☐ Fees ☐ Fraud / Compromise ☐ Relocating / Moving
☐ Inconvenient access ☐ Member service ☐ Deceased ☐ Other (please explain):

Indicate account number(s)

| ACCOUNT NUMBER(S) | CLOSURE DATE |
4. What type of account do you want to open? (Fraud only.)

Select all that apply

☐ Savings Account
  Issue new ATM card for:
    ☐ Primary account holder ☐ Joint account holder (1) ☐ Joint account holder (2)

☐ Checking Account
  Issue new debit card for:
    ☐ Primary account holder ☐ Joint account holder (1) ☐ Joint account holder (2)

☐ Money Market Account
  Issue new ATM card for:
    ☐ Primary account holder ☐ Joint account holder (1) ☐ Joint account holder (2)

☐ CD
  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:

5. Request Checks

Indicate information to print on checks

☐ My name ☐ Joint account holder (1) ☐ Joint account holder (2) ☐ Address ☐ Home phone ☐ Mobile phone

Check design: ☐ BECU Exclusive design ☐ Other design:

6. Agreements and Signatures

(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 Notice, 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) Issuance of each ATM and/or Debit Card or other access device is specifically requested; (3) The information you have given in this application is complete, true, and submitted for the purpose of opening a deposit account with BECU now and/or later. 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; (4) BECU may accept any order and instruction regarding the account(s) and any request for future services from the Primary or any Joint Account Holder(s) without the consent of or notice to the other Account Holder(s); (5) By opening a Checking Account, you authorize BECU to debit the cost of the checks from your Checking Account at the time of the check order; (6) 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; (7) 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 Notice as amended from time to time; (8) By providing your email address, you agree that BECU may send marketing material to you electronically; (9) BECU and its service providers may contact you for non-marketing purposes at any telephone number you provide. BECU may use automated telephone dialing, text messaging systems, and electronic mail to contact you. The telephone messages are played by a machine automatically when the telephone is answered and may be recorded by your answering machine. 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 such information or revoke your consent to receive non-emergency calls or text messages at a telephone number assigned to a wireless device (or any service that charges on a per-call basis) by contacting us at 800.233.2328 or other reasonable means.

Signatures

MEMBER SIGNATURE DATE

JOINT ACCOUNT HOLDER SIGNATURE (1) DATE

JOINT ACCOUNT HOLDER SIGNATURE (2) DATE

As primary member and/or joint account holder, I personally verified and confirmed all information displayed in sections 1 through 3 on the first page of this form, and sections 4 through 6 on the second page of this form. All such information is accurate, complete, and true, and BECU may rely on such information in BECU’s dealings with me.

MEMBER INITIAL JOINT ACCOUNT HOLDER INITIAL JOINT ACCOUNT HOLDER INITIAL

BECU Use Only

NEW ACCOUNT NUMBERS DATE REP

☐ ID Verified ☐ QualiFile®

If form is not submitted electronically, please return completed and signed form to:

BECU MS 1094-2, PO Box 97050, Seattle, WA 98124-9750 or fax to 206.805.5612