

# CLAIM FUNDS OF DECEASED MEMBER



CLAIMANT'S NAME	CLAIMANT'S ADDRESS
ACCOUNT HOLDER'S NAME	ACCOUNT HOLDER'S SOCIAL SECURITY NUMBER

Please indicate the basis of your claim and the manner you would like funds disbursed from the BECU account(s) held by \_\_\_\_\_, deceased.

I am the surviving spouse and the controlling Community Property Agreement is attached.

- Please transfer funds to my BECU account number.
- Please mail a check payable to me to the address above.
- Please wire transfer\* funds to the following financial institution to an account in my name.
  - Name of financial institution \_\_\_\_\_
  - Routing number \_\_\_\_\_
  - Account number \_\_\_\_\_

I am the surviving heir and there is no Community Property Agreement or Estate controlling the funds.

- Please transfer funds to my BECU account number.
- Please mail a check payable to me to the address above.
- Please wire transfer\* funds to the following financial institution to an account in my name.
  - Name of financial institution \_\_\_\_\_
  - Routing number \_\_\_\_\_
  - Account number \_\_\_\_\_

I am the Personal Representative named in the attached Letters Testamentary (or Special Administrator in the attached Letters of Administration, or otherwise appointed by the court to transact on behalf of the Estate).

- Please transfer fund to the Estate's BECU account number.
- Please mail a check payable to the Estate to the address above.
- Please wire transfer\* funds to the following financial institution to an account in the Estate's name.
  - Name of financial institution \_\_\_\_\_
  - Routing number \_\_\_\_\_
  - Account number \_\_\_\_\_

\*\$25 outgoing wire fee. Domestic wires only.

CLAIMANT'S SIGNATURE	DATE
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