

# ORGANIZATION BENEFICIARY CLAIM REQUEST FORM



## 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	COUNTRY
MAILING ADDRESS (if different from above)	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

## 2. Organization Beneficiary Information

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

ORGANIZATION NAME	SSN / TIN	PHONE
-------------------	-----------	-------

ORGANIZATION TYPE  
 Trust  Estate  LLC  Partnership  Corporation  Sole Proprietorship  Other: \_\_\_\_\_

STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
MAILING ADDRESS (if different from above)	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

## 3. Individual Claiming Funds on Behalf of an Organization

PRINT NAME	SSN / TIN	PHONE	DATE OF BIRTH
------------	-----------	-------	---------------

RELATIONSHIP TO THE ORGANIZATION:

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	DATE ISSUED	EXPIRATION DATE	STATE & COUNTRY ISSUED	ID TYPE

A photocopy of the valid picture ID must be attached.  
Additional documentation may be required to verify authority to act on behalf of the organization claiming funds.

## 4. Payment Instructions

Funds must be payable to the organization's name.

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.\*

Organization's Account Number: \_\_\_\_\_

Bank Name and Wire Routing Number: \_\_\_\_\_

Intermediary Bank (if applicable): \_\_\_\_\_

\*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 on behalf of an Organization 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