



Claim Funds of a Deceased Account Holder

Use this form to claim funds from an account held by a deceased BECU member. You cannot use this form to claim funds as a beneficiary or joint account holder.

If this claim is submitted by an executor or administrator and there is more than one executor or administrator, they must all sign this form or provide proof of their ability to act independently.

Step 1. Claimant's information

Claimant's Full Name			
Mailing Address			
City	State/Province	ZIP/Postal Code	Country

Step 2. Decedent's information

Decedent's Full Name	SSN/TIN (9 digits)
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Step 3. Basis of your claim (check one)

- ☐ I am the named survivor in the Community Property Agreement. Funds will be payable to my name.
 - Provide a copy of the Community Property Agreement.
- ☐ I am an administrator or executor of the Estate. Funds will be payable to the Estate's name.
 - Provide a copy of the Letters Testamentary (or Letters of Administration or other court document).
- ☐ I am the surviving heir and there is no Community Property Agreement or Estate controlling the funds.
 - Provide a copy of the Small Estate Settlement by Affidavit.
- ☐ I am the surviving heir and the balance is under \$1,000. There is no Community Property Agreement or Estate controlling the funds.

Step 4. Attach requested documents

I have attached copies of the following documents:



- My photo identification
- Long-form death certificate
- Community Property Agreement (Named survivor only)
- Letters Testamentary, Letters of Administration or other court document (Named Executor or Administrator for the Estate only)
- Small Estate Settlement by Affidavit (Surviving heir only)

To process your claim, we may require you to provide documentation beyond what is listed here.

Step 5. Select a disbursement option (check one)

☐ Transfer funds to BECU account number: _____

☐ Mail a cashier's check to the address above.

☐ Issue a cashier's check at a BECU location.

This option is available only when this form is submitted in person, Monday - Friday.

Step 6. Acknowledgment and signature

I personally verified and confirmed that all information provided and displayed in this form is accurate, complete, true, and submitted for the purpose indicated above. I understand that BECU will rely on such information in BECU's dealings with me.

Signature #1	Printed Name	Date (mm/dd/yyyy)
Signature #2	Printed Name	Date (mm/dd/yyyy)
Signature #3	Printed Name	Date (mm/dd/yyyy)
Signature #4	Printed Name	Date (mm/dd/yyyy)

If form is not submitted electronically, please return all pages, completed and signed, along with copies of requested re documentation to:

BECU

M/S: 1094-2, Deceased Account Servicing

PO Box 97050

Seattle, WA 98124-9750