

Use this form to request documents pertaining to the BECU accounts of a deceased member.

## Step 1. Decedent's information

Decedent's Full Name

SSN/TIN (9 digits)

## Step 2. Requestor's information

Requestor's Full Name

## Step 3. Requestor authority and documentation

I am authorized to make this request as the:

- Joint account holder on all accounts
- Executor or Administrator
- Small Estate Affiant
- Other legally authorized individual

## Attach documentation

I have attached copies of the following documents:



- My photo identification (All requestors)
- Long-form death certificate (All requestors)
- Letters Testamentary or Letters of Administration (Executor or Administrator only)
- Small Estate Affidavit (Small Estate Affiant only)
- Other documentation granting authority (Other legally authorized individual only)

## Step 4. Preferred delivery method

Please select how you would like these documents delivered. (Select one)

Secure email\*: \_\_\_\_\_

\* Requires the creation of a username and password.

Pick up documents at a BECU location\*\*

\*\* Option is available only when this request is submitted in person.

Mail delivery

Mailing Address		City
State/Province	ZIP/Postal Code	Country

## Step 5. Documents requested

Please specify all documents being requested.

Statements Account number(s): \_\_\_\_\_  
Date range: \_\_\_\_\_ to \_\_\_\_\_  
Additional details: \_\_\_\_\_  
\_\_\_\_\_

Checks Deposited on: \_\_\_\_\_ (dates)  
Written on: \_\_\_\_\_ (dates)  
Amount(s): \_\_\_\_\_  
Check number(s): \_\_\_\_\_  
Account Number(s): \_\_\_\_\_

Tax forms  1099-INT: \_\_\_\_\_ (years)  
 1099-R: \_\_\_\_\_ (years)  
 1099-MISC: \_\_\_\_\_ (years)  
 5498: \_\_\_\_\_ (years)  
 1098: \_\_\_\_\_ (years)

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## Step 5. Documents requested (continued)

<input type="checkbox"/> Membership cards or Signature cards	Account number(s): _____ Date range: _____ to _____ Additional details: _____ _____
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<input type="checkbox"/> Date of Death Balance Letter	Account number(s): _____ Name(s) of decedent(s): _____ Date(s) of death(s): _____
Allow up to 15 business days for processing.	

Other (Include specific details of what is being requested.)

## 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.

**Requestor Signature**

**Date (mm/dd/yyyy)**

If form is not submitted electronically, please return all pages of the completed and signed form to:

BECU  
M/S 1094-2  
Attn: Deceased Account Servicing  
PO Box 97050  
Seattle, WA 98124-9750