

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 <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> 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.

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

Return completed form to:
BECU MS 1094-2, PO Box 97050, Seattle, WA 98124-9750
or Fax to 206-702-9125