

# **B|E|C|U** Designate Beneficiaries

Use this form to add, change, or remove beneficiary designations to deposit accounts other than IRA accounts. All primary and joint account holders must sign to change beneficiary designations.

Any beneficiary designation made on this form will remove and replace all existing beneficiary designations. Therefore, when updating beneficiary designations, provide the names of all the beneficiaries designated for the accounts listed, including current beneficiaries you wish to retain.

**Please allow 10 business days to process your request upon BECU's receipt.**

## Step 1. Primary account holder information

**Full Name**

**Date of Birth**

**SSN / TIN (9 digits)**

**Mother's Maiden Name**

**Street Address**

**City**

**State/Province**

**ZIP/Postal Code**

**Country**

**Mailing Address (if different than above)**

**City**

**State/Province**

**ZIP/Postal Code**

**Country**

**Email Address**

**Phone**

**Phone Type**

Home

Mobile

## Step 2. Current joint account holders (If none, skip to step 3)

**Full Name 1**

**Date of Birth**

**SSN/TIN (9 digits)**

**Full Name 2**

**Date of Birth**

**SSN/TIN (9 digits)**

**Full Name 3**

**Date of Birth**

**SSN/TIN (9 digits)**

### Step 3. Apply updates to the following accounts

All accounts listed must have the same primary and joint account holders. If necessary, use a separate form for accounts with sole ownership or different joint account holders.

- Apply to all checking, savings, CD, and money market accounts currently open.
- Apply only to specific accounts below:

Account Number (10 digits)	Account Number (10 digits)
Account Number (10 digits)	Account Number (10 digits)
Account Number (10 digits)	Account Number (10 digits)

### Step 4. Beneficiary information

- Remove all beneficiaries.** No beneficiaries will be designated at this time and any current beneficiaries will be removed.
- Designate beneficiaries.** List all beneficiaries, including any current beneficiaries you wish to retain. This form replaces all prior designations.

#### Beneficiary Details (Include first, middle, and last name, and suffix, if applicable)

Full Name	Date of Birth	SSN/TIN (9 digits)

## Step 5. Acknowledgment and consent

By signing below, I certify that I read, understand, and agree with the conditions and directions provided above. Further, I personally verified and confirmed that all information provided and displayed in this form is accurate, complete, true, and submitted for the purpose selected above. I understand that BECU will rely on such information in BECU's dealings with me.

<b>Primary Signature</b>	<b>Printed Name</b>	<b>Date (mm/dd/yyyy)</b>
<b>Joint Signature</b>	<b>Printed Name</b>	<b>Date (mm/dd/yyyy)</b>
<b>Joint Signature</b>	<b>Printed Name</b>	<b>Date (mm/dd/yyyy)</b>
<b>Joint Signature</b>	<b>Printed Name</b>	<b>Date (mm/dd/yyyy)</b>

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

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

## BECU only

<b>Employee Name</b>	<b>Location Name</b>	<b>Date (mm/dd/yyyy)</b>
<b>ID Verified</b> <input type="checkbox"/>	<b>Person Number</b>	