



BANKING – THE DCU WAY

Deceased Member (Care/of) Address Change Form

Please use this form **ONLY** to change an address on the Primary account of a deceased member to ensure the appropriate verified party receives all future DCU mailings. (statements, tax forms, etc.)

Note:

This changes the address for all mailings sent by DCU.

To complete this process please:

1. Fill out the Deceased Member (Care/of) Address Change form completely and sign.
(Incomplete or unsigned forms will delay processing your request).
2. If you are not a current member looking to change the address – you must provide a valid Photo ID.

Fax your completed form to 866.874.7820 or mail to:

**Digital Federal Credit Union
Account Services Department
220 Donald Lynch Boulevard
PO Box 9130
Marlborough, MA 01752-9130**

What you can expect

Once you mail your application. . .

- Allow 2 weeks for your request to be processed if sent standard mail.
- If you fax your completed request or bring it to a DCU branch, the change will be made within 24 hours of receipt.
- A notification will be sent confirming the address has been changed.



c/o Address Change for Deceased Primary Owner

Member Number: _____ Name of Decedent Member _____

Select One:

I have provided DCU with the appropriate paperwork reflecting my court appointment as Executor, Administrator, or Personal Representative to the Estate of the deceased named above (required if the account balance is ten thousand dollars or greater); or

I have provided DCU with the appropriate documentation reflecting my status as next-of-kin and certify that I know of no other party making or entitled to make such a claim and that the estate is valued at less than ten thousand dollars.

I understand and agree:

- If there is a joint owner or co-borrower on any of the shares or loans within this Membership, that joint owner and/or co-borrower must also sign this request.
- Under no circumstances will this change be made without my having provided you with a certified copy of the death certificate.
- To hold DCU harmless from any and all claims that result from its having relied on the statements made within this document.

I certify that the statements I have made are true to the best of my knowledge and that I am requesting that the mailing address of the decedent's membership be changed solely to reduce any risk of inappropriate access to or handling of the account due to account activity statements or other important notifications

With that being said – please change the mailing address on the account referenced above to:

▶ _____
(Decedent's Name)

c/o _____

If you are a DCU member, provide your DCU Member # here : _____

(REQUIRED IDENTIFICATION: Individuals that are not currently DCU members must provide current photo identification. We accept the following: US Driver's License • US Social Security Card • Passport • US Military ID • US Work Visa • Other Government Issued picture ID (2nd ID always required).

Signature Date

Joint Owner/Co-Borrower Signature(s) if Applicable: By signing below I agree with the request made above:

Joint Owner Signature Date

Co-Borrower Signature Date

INTERNAL USE: Rec'd Date ____/____/____ Proc. By # _____ Ver. By# _____ C/O Existing Member # _____, or C/O ID Type _____ # _____ Issue Date ____/____ Exp Date ____/____ Additional Doc Used (if needed) _____
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