

# Deceased Member (C/O) Address Change Form Checklist



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.

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## 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.
3. A death certificate **must** be on file with DCU in order to complete your request. If it is not on file, please submit with this completed document.
4. Fax your completed form to **833.670.2311** or mail to:

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

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## 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 being mailed to the decedent's former address.

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): \_\_\_\_\_