

# Request to Close Membership:

## Next of Kin/Personal Representative or Joint Owner



**Please use this form to close a DCU membership for someone who is deceased.**

Current photo identification of the person requesting to close the membership must accompany this form. We accept the following:

- US Driver's License
- US Military ID
- Passport
- Other Government Issued picture ID (2nd ID always required).

A certified copy of the death certificate must accompany this form.

DCU may also request Probate Court documentation before membership closure may be completed.

**Incomplete forms will delay processing.**

Certain government and federal treasury deposits with an effective date after the member's date of death may need to be returned before the account can be closed. If deposits need to be returned, there may be a three-day wait before the account can be closed.

Send the form to DCU for processing by **ONE** of the following ways:

- a. Fax your completed form to **833.670.2311**
- b. Email your completed form to **DNE@dcu.org**
- c. Mail your completed form to:

**Digital Federal Credit Union**  
Membership Maintenance  
PO Box 9130  
Marlborough, MA 01752-9130

---

## What you can expect

Please allow up to 10 business days to process your request.

# Request to Close Membership:

## Next of Kin/Personal Representative or Joint Owner



Please close the following DCU Membership effective immediately.

Your Name: \_\_\_\_\_

Deceased Owner's Legal Name: \_\_\_\_\_

Deceased's Membership Number: \_\_\_\_\_ Deceased's Last 4 Digits of SSN: \_\_\_\_\_

Please disburse funds in the account in the following manner:

- ☐ Transfer to my Membership Number \_\_\_\_\_ Account Number \_\_\_\_\_
- ☐ Disburse the funds to me in cash (this option is only available in person at a branch for account balances under \$500.00). Please provide your preferred branch location: \_\_\_\_\_
- ☐ Mail the funds in the form of a Treasurer's check payable to me and deliver it to the address on record.
- ☐ Mail the funds in the form of a Treasurer's check payable to me and deliver to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** A certified copy of the death certificate is required before any disbursement can be made.

**Choose one:**

- ☐ I am the Personal Representative or Administrator of the Decedent's Estate
- ☐ I am the Next of Kin to the Decedent
- ☐ I am a Joint Owner on the Decedent's share(s)
- ☐ I am the Beneficiary

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I understand that any items presented against the deceased member's accounts after the membership is closed will be returned or rejected as "Account Closed".

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNAL USE ONLY – Complete All Fields

Rec'd: \_\_\_/\_\_\_/\_\_\_ Processed By: \_\_\_\_\_ Audited By # \_\_\_\_\_ ☐ Verified with ACH  
Method Used to Validate Next of Kin \_\_\_\_\_ ☐ Verified No Outstanding Loan ☐ Verified No Safe Deposit Boxes