

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.

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
220 Donald Lynch Boulevard
PO Box 9130
Marlborough, MA 01752-9130

What you can expect

If received by mail: Allow 2 weeks for your request to be processed.

If received by email or fax: Once your request is received, it will be processed within 48 business hours.

Request to Close Membership: Next of Kin/Personal Representative or Joint Owner



Please close the following DCU Membership effective immediately.

Next of Kin/Personal Representative/Joint Owner Name: _____
Please Print

Deceased Owner's Legal Name: _____
Please Print

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 to me in cash (this option is only available in person at a branch for account balances under \$500.00.) Please provide preferred branch location: _____
- Mail the funds in the form of a treasurer check payable to me and send to the address on record.
- Mail the funds in the form of a treasurer check payable to me and send to the following address (Please Print):

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)

Email: _____ Phone 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 # _____
Method Used to Validate Next of Kin _____ Verified No Outstanding Loan Verified No Safe Deposit Boxes