

## Disposition of Shares Form

### Decedent's Information

Account Number	Name
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### Claimant Information

Name		Social Security Number
Mailing Address:		
City	State	Zip Code
Daytime Phone Number	Evening Phone Number	Email Address

### Release of Funds to the Claimant

Please disburse funds in one of the following ways:

Transfer funds to my Orange County's Federal Credit Union account.

Account number is #

Share ID#

**Or**

Release funds in the form of a cashier's check.

Return to: Orange County's Federal Credit Union  
Attn: MO Account Operations  
P.O. Box 11777  
Santa Ana, CA 92711

By signing this form, I agree that I am forfeiting any future dividends accrued after this disbursement.

Claimant's Signature

Date

\*\*\* PLEASE ATTACH A COPY OF YOUR IDENTIFICATION WITH THIS FORM. \*\*\*