

INSTRUCTIONS FOR DECEASED CAPITAL CREDITS

- 1. ELIGIBILITY FOR REFUNDS WILL BE THE YEAR AFTER DATE OF DEATH OR THE YEAR AFTER THE DATE OF DISCONNECTION OF ALL ACCOUNTS.**
- 2. COMPLETE FORM. (MUST BE NOTARIZED)**
- 3. PROVIDE ANY LETTERS OF TESTAMENTARY, PROBATE, OR WILL TO PROVE YOU ARE LEGALLY ENTITLED TO CLAIM THE DECEASED CAPITAL CREDITS.**
- 4. PROVIDE A COPY OF THE DEATH CERTIFICATE.**
- 5. PROVIDE A COPY OF THE DRIVER'S LICENSE OF THE PERSON CLAIMING THE CAPITAL CREDITS.**

ONLY ONE CHECK IS WRITTEN AND THE EXECUTOR OR ADMINISTRATOR WILL BE RESPONSIBLE FOR DIVIDING THE FUNDS TO ANY HEIRS.

REFUNDS ARE DONE ONE TIME A YEAR ON THE LAST DAY OF JUNE.



A Touchstone Energy® Cooperative 

13942 Highway 76. PO Box 609 Lindsay, OK 73052 (405) 756-3104 Fax (405) 756-8957

CERTIFICATION OF ENTITLEMENT TO RURAL ELECTRIC COOPERATIVE CAPITAL CREDITS

I, _____, hereby make claim to the capital credits assigned by Rural Electric Cooperative to the account of _____
(NAME OF DECEASED) (RELATIONSHIP TO DECEASED)

_____ DECEASED SSN _____ DOB _____ DOD _____

I certify that:

- 1) I have enclosed Letters of Testamentary, Probate, or Will to prove I am legally entitled to claim ownership of the Capital Credits (unless I am the spouse of the deceased and my name is on the death certificate).
- 2) I will be responsible for distributing the capital credits claimed in accordance with any predetermined agreements of the business to which they were assigned, or the will of the deceased member.
- 3) I will indemnify, defend and hold Rural Electric Cooperative harmless against any subsequent claims to or for these capital credit payments
- 4) I understand a copy of this certification statement will be released to any party making subsequent claims to these capital credits
- 5) I have included a certified copy of the death certificate to Rural Electric Cooperative, for the above named deceased member.
- 6) I have included a copy of my driver's license for identification purposes of person claiming these capital credits.
- 7) I agree to accept the discounted value of all allocated capital credits and release Rural Electric Cooperative for their liability.
- 8) I understand any remaining monies due to allocation after the year(s) of death or from Western Farmers Electric Cooperative will be transferred to the Rural Electric account of the executor.

SIGNATURE OF CLAIMANT DATE SSN OR FEDERAL ID

ADDRESS CITY STATE ZIP

PHONE NUMBER(S) EMAIL ADDRESS

ACKNOWLEDGEMENT

STATE OF OKLAHOMA

COUNTY OF _____

Before me _____, in and for this state, on this _____ day of _____, 20____, personally appeared _____ to me known to be this identical person(s) who executed the within and foregoing instrument.

Notary Public
My Commission Expires: _____