

REQUEST FOR REFUND OF CAPITAL CREDITS

DATE: _____ DATE OF DEATH: _____

NAME
OF
MEMBER: _____

NAME
OF
APPLICANT: _____ ADMINISTRATOR
SPOUSE
OTHER

ADDRESS: _____

PHONE NO: _____

AMOUNT OF REFUND: \$ _____

MEMBER NUMBER: _____

ACCOUNT NUMBER: _____

SIGNATURE OF APPLICANT

EMPLOYEE TAKING APPLICATION

**ELECTION FOR PAYMENT OF CAPITAL CREDITS OF DECEASED
PATRON AND IRREVOCABLE DONATION OF CERTAIN
CAPITAL CREDITS**

1. I/we are the personal representative(s)/lawful, heir(s), (hereinafter "estate Representative") of _____.
(Decedent)

Who passed away on _____.
(Date of Death)

2. Having reviewed the provisions of Policy No. _____ of the Board of Directors of Big Sandy RECC, ("The Cooperative") on payments of Capital Credits to the estates of deceased members, the Estate Representative hereby elects:

_____ A. To receive at the address given below, the capital credit payments due the Decedent's Estate at the time such payments are made under provisions of the cooperative's Bylaws and promptly notify the Cooperative of any change in the address to which capital credit payments are to be Mailed.

Name and address to which capital credit payments are to Be mailed:

_____ B. To receive the capital credit payments due the Decedent's Estate as a lump sum payment of \$ _____, pursuant to Exhibit "A", attached hereto.

The Estate Representative understands and agrees that the Cooperative is under no legal obligation to pay any Capital Credits to the Estate of the Decedent at this time, and further Agrees to accept the lump sum payment as full and final Settlement of decedents Capital Credit entitlement from any Source.

3. The Estate Representative agrees (1) to indemnify the Cooperative in the Event that claim is made by other lawful heirs of the decedent or any loss or Expense occasion to the Cooperative by reason of making the payment described, and (2) to satisfy any and all claims of other lawful heirs made by Reason of the receipt of the payment described above.

IN WITNESS WHEREOF, the Estate Representative, for and on behalf of the estate of heirs(s) of the Decedents, signs this Election for Payment of Capital Credits of Deceased patron and Irrevocably donation of Certain Capital Credits as of the _____ day of _____, 20_____.

(Signature)

(Please Print Name)

(Please Print Address)

(Phone Number)

(Social Security No.)

***To be signed by the personal representatives of the estate or by one or more of the heirs of the Decedent. If signed by the personal representative, a copy of the personal representative's letter should be attached. A copy of the death certificate must be attached. A copy of the death certificate must be attached, this does not need to be a certified copy.**

STATE OF _____)
) SS.
COUNTY _____)

I, _____, a Notary Public of the County of _____, State of _____, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and official seal this _____ day of _____.
My commission expires: _____.

(Notary Public)