

**Application for Deceased Member's Capital Credits**

Date of Application \_\_\_\_\_ Cooperative Member # \_\_\_\_\_  
 Meter # \_\_\_\_\_  
 Date of Death \_\_\_\_\_ Account # \_\_\_\_\_  
 Estate of (Deceased Member's Name) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State Zip Code \_\_\_\_\_

County of Official Residence of Deceased Member \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE BOX BELOW AND ATTACH A DEATH CERTIFICATE COPY TO THIS FORM**

- I have qualified as Administrator/Administratrix or Executor/Executrix of the above mentioned estate and a copy of my Letter of Administration or Letter of Testamentary, signed by the Clerk of Court's Office, is attached.
- I, the surviving spouse, have been assigned the Application and Assignment Year's Allowance by the Clerk of Court and that form, signed by the Clerk of Court's Office, is attached.
- I have qualified for Affidavit for Collection for the above mentioned estate and that form, signed by the Clerk of Court's Office is attached.
- No Administrator or Executor was appointed for the above mentioned estate. Please remit any amount due to the Clerk of Court's Office for distribution to the appropriate heirs.
- The estate for the above mentioned decedent has been closed. Please remit any amount due to the Clerk of Court's Office for distribution to the appropriate heirs.

**METHOD OF PAYMENT - PLEASE CHECK ONLY ONE PAYMENT OPTION BOX BELOW**

**Payment Method # 1 - Present Day Value Method**

I/we agree to immediately accept the present day value of the total Capital Credits assigned and I/we hereby request that the Cooperative refund the aforesaid estate all credits accruing to the account of the deceased member growing out of or in connection with the patronage capital which the deceased furnished to the Cooperative. I understand that this payment method represents a request for an early retirement of the stated Capital Credits and that a discount factor (approved by the Cooperative's Board of Directors) will apply to this retirement and refund. The current discount factor is %.

**Payment Method # 2 - Periodic Installment Method**

I/we agree to accept the full 100% face value of each yearly amount assigned to the deceased member while he/she was a member of the Cooperative. This payment method is made with the understanding that such payment will be made in periodic installments on the same schedule as for living members when general retirements of Capital Credits are declared payable by the Cooperative's Board of Directors. By selecting this option, all assigned Capital Credits will be paid incrementally until the cumulative total is paid in full and under current policy, this will take approximately 19 years.

**The payment method selection made above is a request to pay any outstanding Capital Credits to the estate of the deceased member in either a discounted lump-sum distribution or an installment method over the remaining \_\_\_\_\_ year life cycle of any outstanding allocated Capital Credits due the deceased member. This is a one time, irrevocable decision that you are hereby making as the representative of the decedent's estate.**

Printed Name \_\_\_\_\_ Witness \_\_\_\_\_

Signature \_\_\_\_\_ Witness Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ (home)  
 \_\_\_\_\_ (work)  
 \_\_\_\_\_ (cell)

E-Mail Address \_\_\_\_\_