

Request for Capital Credit Refund

Instructions:

For current year capital credits, members must complete this form between the first business day of October and the last business day of December in the year they are capital credit eligible. For previously retired capital credits, this form may be completed at any time of the year. Capital credits will be returned to these members following the last business day of December in the year they submitted their credit refund request.

I am completing this form on behalf of:

Myself (Former Member)

Please complete this form attesting to the fact that the person requesting the refund is the same person as the person named in our member records.

On behalf of deceased persons.

Complete this form along with the Small Estate Affidavit and Indemnity Agreement. **If filing on behalf of deceased person this entitles the person requesting retirement of capital credits currently being retired and future capital credit retirements.**

I hereby certify and declare that:

1. I am the party legally entitled to claim ownership of this Patronage Capital Account, and
2. I have attached documentation to support and validate my claim for ownership of this Patronage Capital Account, and
3. I agree to indemnify and hold Singing River Electric harmless for any and all damages, which may arise from subsequent claims to this Patronage Capital Account, and
4. I understand that a copy of this certification statement and any accompanying documentation will be released to any party making subsequent claim to this Patronage Capital Account.

5. I understand that to the extent such member-owner or deceased member-owner owes any outstanding sums to Singing River Electric, any Patronage Capital credits to be retired shall be applied by way of set-off to such sums.

Please Print:

Your Name: _____

Your Social Security Number _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____

Email Address: _____

Name(s) in which account was held:

Last First Middle

Social Security Number: _____ - _____ - _____

Account Number (if known)	Service Location/ City	Years Of service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

X _____

Signature of Applicant

Date

**Mail to: Capital Credits
Singing River Electric Power Association
PO Box 767
Lucedale, MS 39452**