

BUSINESS REQUEST FOR CAPITAL CREDITS BENEFITS  
OF SINGING RIVER ELECTRIC COOPERATIVE

**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.**

1. Name of Business: \_\_\_\_\_

2. Years of Operation: \_\_\_\_\_

3. Type Organization: \_\_\_\_\_

(Corporation, Partnership, LLC, Sole Proprietorship, d/b/a)

4. State under which organized: \_\_\_\_\_

5. Reason Business Closed: \_\_\_\_\_

(Bankruptcy, closed business for other reasons, death, etc)

6. If Corporation, name, address and telephone number of stock-holders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If stock-holders deceased, refer to Application of Deceased Members)

7. If Partnership, name, address and telephone number of partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If partners deceased, refer to Application of Deceased Members)

8. If LLC, name, address and telephone numbers of members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. If sole proprietorship or d/b/a not officially formed and established agreeable to state law, refer to application of deceased members.

10. Request applicant provides copy of any legal paperwork concerning the formation or termination of the legally created entity.

**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.

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Signature of Applicant

# 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
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_

Signature of Applicant

Date

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