

STATE OF _____

COUNTY OF _____

APPLICATION FOR CAPITAL CREDIT BENEFITS OF
SINGING RIVER ELECTRIC COOPERATIVE

1. My name and address are:

_____ (hereinafter referred to as affiant).

2. I have personal knowledge of the facts set forth herein.

3. This application for Capital Credit Benefits to Singing River Electric Cooperative is submitted on behalf of _____, (hereinafter referred to as deceased member), who died on _____, _____.

If No Estate Administration:

4. At the time his/her death, the deceased member was survived by:

_____.

5. As of today, the deceased member is survived by *(Please see Appendix A: Heir Contact Information)*:

_____.

6. That no application or petition for the appointment of a personal representative of the decedent is pending, nor has a personal representative of the decedent been appointed in any jurisdiction, and the value of the entire estate of the decedent, wherever located, excluding all liens and encumbrances thereon, does not exceed Fifty Thousand dollars (\$50,000.00);

7. The relationship existing between the decedent and the affiant is as follows:

_____.

8. The heirs agree that payment of capital credits for distribution amongst them should be payable to:

Name: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

9. As the heirs-at-law of deceased member, we are Successors of the deceased member as contemplated by Mississippi Code Annotated, Sec. 91-7-322. Further, we, the undersigned, do agree to indemnify and hold Singing River Electric Cooperative, their heirs or assigns, harmless for its reliance on this affidavit and against any claim that may be asserted against Singing River Electric Cooperative in response to the payment of capital credits as requested herein. The undersigned persons certify that the information contained herein is true and correct.

IF ESTATE ADMINISTRATION

10. An Estate was administered on the deceased member through the probate Court of _____ County, State of _____. A copy of the Court Order Appointing an Administrator/Executor is provided.

WITNESS MY SIGNATURE, this _____ day of _____, 20_____.

AFFIANT, and other heirs at law of the decedent whose names are attached hereto and incorporated herein by reference

STATE OF _____

COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for said jurisdiction, the within named, _____, who first being duly sworn, stated under oath that he/she signed and delivered the above and foregoing Affidavit, on the day and year therein as his/her free and voluntary act and deed and for the purpose therein stated.

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of _____, 20_____.

NOTARY PUBLIC
MY COMMISSION EXPIRES:

Appendix A: Heir Contact Information

Name: _____

Signature: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

Name: _____

Signature: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

Name: _____

Signature: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

Name: _____

Signature: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

Name: _____

Signature: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

Name: _____

Signature: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

Name: _____

Signature: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

Name: _____

Signature: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

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 Cooperative
PO Box 767
Lucedale, MS 39452**