

**APPLICATION FOR UNCLAIMED CAPITAL CREDITS**

MAIL TO: RURAL ELECTRIC COOPERATIVE  
ATTN: CAPITAL CREDITS  
PO BOX 609  
LINDSAY OK 73052

The undersigned hereby requests payment from Rural Electric Cooperative, Inc. of all **UNCLAIMED** capital credits.

IF A MEMBER IS DECEASED, YOU WILL NEED THE DECEASED CAPITAL CREDIT APPLICATION. DO NOT USE THIS APPLICATION FOR A DECEASED PERSON.

Allocated to: \_\_\_\_\_ SSN \_\_\_\_\_  
(Name of REC Member)

Current Address \_\_\_\_\_ PHONE # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Indicate all years you were on line with REC (**we must have this information**) \_\_\_\_\_

List all addresses of former locations with REC (if unknown, list communities or area) **we must have this information**

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

REC will research all requests to determine if you are eligible for any outstanding or unclaimed capital credits. **A copy of your driver's license is required to prove who is requesting and receiving the monies. You must send this in with your application. FAILURE TO RECEIVE ALL REQUIRED INFORMATION AND FAILURE TO SIGN AND DATE THIS APPLICATION WILL VOID THIS APPLICATION.**

For Office Use Only  
Capital Credit # \_\_\_\_\_ Year \_\_\_\_\_ Amount \_\_\_\_\_

TOTALS