

Instructions for Deceased Capital Credits


(Capital Credits will be eligible for refund the year following the date of death)

- 1. Complete the form, Date and Sign and**
- 2. Provide a copy of the Death Certificate and**
- 3. Provide a copy of the Driver's License of the person claiming the Capital Credits**

Only 1 check is written and the executor or administrator will be responsible for dividing to any heirs.

Refunds are done 1 time a year on the last day of June. You will need to have everything turned into the office by May 1st of the year that you will be eligible for the refund (the year after the date of death of the REC member).



A Touchstone Energy® Cooperative 

13942 Highway 76 • P.O. Box 609 Lindsay, OK 73052 • Phone (405) 756-3104 Fax (405)756-8957

CERTIFICATION OF ENTITLEMENT TO RURAL ELECTRIC COOPERATIVE CAPITAL CREDITS

I, _____, hereby make claim to the capital credits assigned by Rural Electric Cooperative to the account of _____.
(NAME OF DECEASED)

_____ **DECEASED SSN** _____ **DOB** _____ **DOD**

I certify that:

- 1) I am the party legally entitled to claim ownership of these capital credits because _____
- 2) I will be responsible for distributing the capital credits claimed in accordance with any predetermined agreements of the business to which they were assigned, or the will of the deceased member.
- 3) I will indemnify, defend and hold Rural Electric Cooperative harmless against any subsequent claims to or for these capital credit payments
- 4) I understand that a copy of this certification statement will be released to any party making subsequent claims to these capital credits
- 5) I have included a certified copy of the death certificate to Rural Electric Cooperative, for the above named deceased member.
- 6) I have included a copy of my driver's license for identification purposes of person claiming these capital credits.

_____ *SIGNATURE OF CLAIMANT* _____ *DATE* _____ *SSN OR FEDERAL ID*

_____ *ADDRESS* _____ *CITY* _____ *STATE* _____ *ZIP*

_____ *PHONE NUMBER(S)* _____ *EMAIL ADDRESS*

ACKNOWLEDGMENT

STATE OF OKLAHOMA
COUNTY OF _____

Before me _____, in and for this state, on this _____ day of _____, 20_____, personally appeared _____ to me known to be this identical person(s) who executed the within and foregoing instrument.

Notary Public
My Commission Expires: _____