Coast Electric
PO Box 2430
Bay Saint Louis, MS 39521-2430

Application Date:_____

Member Number:_____

APPLICATION FOR CAPITAL CREDITS

1. Former Member's Name_____
First Middle Initial Last

2. Former Member's address and residency at time of service

_____
Street Address City State Zip County

3. Capacity in which undersigned makes this Application. (Check One)

( ) FORMER MEMBER. Attach date of last service and picture ID.

( ) OTHER:_____
Describe capacity and attach all supporting documents.

4. Mailing address of the Former Member:_____
Street Address (required)

_____
City State Zip

5. Phone number of the Former Member:_____

6. ELECTION:

By signing this Application, I agree to accept the discounted value of all allocated capital credits and release the Cooperative for their liability insofar as all capital credits that have not been allocated as of the date of this Application.

The former member hereby represents all of the foregoing information and any information supplied by attachment hereto to be complete and accurate to the best of his or her knowledge. I further understand and agree that all elections made herein are binding and final and shall constitute a waiver of any and all claims for capital credits to which said former member might otherwise be entitled. I further agree to hold the cooperative harmless from any liability that may arise out of its retirement of capital credits based upon the elections made herein and the information provided herein. I further understand that the payment of capital is discretionary with Management and the Board of Directors and based upon the ability of the Cooperative to retire said credits.

Initial:_____

Dated this _____ day of _____, _____

Signed: _____

State of_____)
Ss.

County of_____)

Subscribed and sworn to before me this _____ day of_____, _____

(Seal)

_____
Notary Public

My Commission Expires:_____

This institution is an equal opportunity provider and employer.