



Mission: We exist to provide our member-owners superior service and dependable electricity at the lowest possible price, and to improve the economy and quality of life in our community.

APPLICATION FOR DECEDENT PATRON'S CAPITAL CREDITS

Application Date: _____

Member Number: _____

1. Decedent Patron's Name _____
First Middle Initial Last

2. Decedent Patron's service address

PO Box Street Address City State Zip County

3. Date and place of decedent patron's death: _____

4. Capacity in which undersigned makes this Application. (Check One)
 EXECUTOR, ADMINISTRATOR OR PERSONAL REPRESENTATIVE. Attach copy of Letters Testamentary, Letters of Appointment or Letters of Administration and death certificate.
 RELATIVE TO DECEDENT PATRON AND NO PROBATE NECESSARY OR CONTEMPLATED. Attach Affidavits in accordance with MS laws and cooperative By-Laws.
 OTHER: _____
Describe capacity and attach all supporting documents.

5. Relationship of the undersigned to Decedent Patron: _____

6. Mailing address of the undersigned: _____
Street Address (required)

City State Zip

7. Phone number of the undersigned: _____

8. The heirs at law of the Decedent are as follows: _____

9. The Cooperative should make the check payable to: _____

NOTE: If the check is to be made payable to less than all the above-named heirs, properly executed and notarized Assignments by the other heirs should be attached.

10. 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 undersigned hereby represents and makes affidavit that 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 decedent 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.

Dated this _____ day of _____, _____

Signed: _____

Title: _____
(State whether Executor, Executrix, Administrator, Personal Representative or Relation to Decedent.)

State of _____)
Ss.

County of _____)

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

(Seal)

Notary Public

My Commission Expires: _____