

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: _____