

# CAPITAL ELECTRIC COOPERATIVE

## REQUEST FOR PAYMENT

Capital Credit Retirement to be completed if you are the Court Appointed Personal Representative of the Estate.

Please be advised that \_\_\_\_\_, who was a member  
(name of decedent)  
of Capital Electric Cooperative, Inc. passed away on \_\_\_\_\_. This letter represents a request for assignment or payment of any allocated Capital Credits due the decedent for patronage in past years. **A copy of the Letters Testamentary or Letters of Administration for the estate of the decedent is attached.**

### CHOOSE ONE OPTION

- (\_\_\_\_\_) Assign the decedent's allocated capital credits to the following successor to be retired when authorized by the cooperative's Board of Directors. Please assign the decedent's capital credits to his/her successor as follows:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
SSN# or EIN# : \_\_\_\_\_  
(Enter SSN# if successor is an individual, EIN# if successor is an estate/trust)

- (\_\_\_\_\_) Retire all allocated capital credits of decedent **now** for a discounted present value payment. The allocated amount is \$\_\_\_\_\_ and the **present value to be paid** is \$\_\_\_\_\_. No additional capital credits will be allocated or paid to the decedent.

Make the check payable to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
SSN# or EIN# : \_\_\_\_\_  
(Enter SSN# if check goes to individual, EIN# if check goes to estate/trust)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Personal Representative