

Date Paid:
Check #



PO Box 87
Danville KY 40423
859-236-4561

Application for Capital Credits of Deceased Member

Name of Deceased Member: _____ Date of Death: _____

Address of Deceased Member: _____

Member #: _____ Social Security #: _____

The undersigned states that they understand a discounted amount of capital credits may be paid to the Applicant, but if the Applicant wishes, they may wait for full payment of the capital credit at a time in the future when Inter-County Energy retires capital credits for all members during a general retirement. Please Select option A or B and initial on the line.

Option A: ____ (Initial) wish to receive the discounted capital credits due to the estate in a lump sum payment and agree to accept this is full and final settlement of the deceased Member's capital credit.

Option B: ____ (Initial) wishes to wait for the full payment of capital credits at the time they may be retired in the future.

Application is made for the refund and payment forthwith of the capital credits to the member number of the said decedent on the books of Inter-County Energy Cooperative, payable for the years _____, both inclusive, in the total sum of \$_____.

Applicant Name: _____ **Phone #:** _____

Applicants Mailing Address: _____

The Applicant states that he/she is administrator, executor, or petitioner of or is the trustee of the Trust for the estate and is authorized to receive and receipt for the refund and payment applied for and agrees to indemnify and hold harmless Inter-County Energy from any claims of others who may come forward in the future and claim they are entitled to these capital credits. Shall include any and all loss or disability on account of any money paid to the applicant on this application.

Date: _____ Signature _____

Subscribed and sworn to before me by the above named _____

This _____ day of _____, 20_____.

My commission expires: _____

Notary Public

(Seal)