

APPLICATION FOR PAYMENT OF CAPITAL CREDITS OF DECEASED MEMBER

Of Inter-County Energy Cooperative Corporation
Danville, Kentucky
Under Policy of April 20, 1961

FOR OFFICE USE ONLY

Name of Deceased Member _____ **Date of Death** _____

Address of Deceased Member _____ **Member #** _____

Member's Account Numbers _____ -- --
Social Security Number

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

Membership Fee \$ _____ Applied to bill Refund with capital credits

Date Paid _____
Check # _____

Applicant

_____ Address _____

states that he/she is **administrator, executor or petitioner or* is the trustee of the Trust** for the estate of _____

or that there is no personal representative of the estate of said decedent and that he/she is the agent of the heirs of said decedent, who are :

* **documentation of trust to be provided by the attorney or financial institution managing the trust.**

<u>Name</u>	<u>Address</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____

Applicant further states that he/she is authorized to receive and receipt for the refund and payment applied for and he agrees to indemnify and save harmless said corporation for and from any and all loss or disability on account of any money paid to him on this application.

This ___ day of _____, 20___ **Phone #** _____

Signature and title _____

Subscribed and sworn to before me by the above named _____
This _____ **day of** _____, **20**___.

My commission will expire _____

(Seal)

Notary Public

County, KY