

Application for Payment of Capital Credits

(Individual Deceased)

Please complete this application and return it to our office by mail or email as soon as possible. Applications will be presented to the Board of Directors at their meeting normally held on the third Tuesday of each month. Upon Board approval, a check will be issued payable to the estate of the deceased within 45 days of the meeting. Please contact us if you have any questions.

DECEASED MEMBER INFORMATION

Member Name: _____

SSN: _____

Telephone Number: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

***Please attach a copy of death certificate**

Please **print or type** the following information (if you legally represent the member):

Legal Representative: _____ SSN: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Applicant: _____ **Date:** _____

For office use only:

Approved by _____

Member #: _____

Date _____

Total \$ _____