

Tideland EMC Member# \_\_\_\_\_

Date: \_\_\_\_\_

## Request for Deceased Member's Capital Credits

Re: Estate of \_\_\_\_\_

Address: \_\_\_\_\_

County of Official Residence of Deceased: \_\_\_\_\_ (County that the estate will be handled)

Date of Death: \_\_\_\_\_ State: \_\_\_\_\_

To: **Tideland Electric Membership Corporation, PO Box 159, Pantego, NC 27860**

Dear Sir/Madame:

(PLEASE CHECK APPROPRIATE BOX BELOW AND ATTACH A DEATH CERTIFICIATE COPY TO THIS FORM)

\_\_\_\_ I have qualified as Administrator or Executor of the above mentioned estate and a copy of my Letter of Administration or Letter of Testamentary, signed by the Clerk of Court, is attached.

\_\_\_\_ I, surviving spouse, have been assigned the Application and Assignment Year's Allowance by the Court of Clerk. I am attaching a copy of my Year's Allowance form signed by the Clerk of Court.

\_\_\_\_ The estate of the above mentioned deceased has been closed. Please pay amounts due to the Clerk of Court for distribution to the proper heirs.

\_\_\_\_ No Administrator was appointed for the above mentioned estate. Please pay amounts due to the Clerk of Court for distribution to the proper heirs.

### METHOD OF PAYMENT (CHECK THE APPROPRIATE BOX BELOW)

Under Tideland EMC Policy No. 111 adopted April 23, 1992, the following payment options are available. Please check the payment option desired.

\_\_\_\_ A one-time lump-sum distribution of the capital credits based on net present value. The cooperative's annual rate of interest and the normal retirement dates of the capital credits will be used to calculate the net present value. (This is similar to the way US Savings Bonds are priced.)

\_\_\_\_ Retirement of the full face value of the capital credits, in installments, over the same number of years as capital credits are retired to all cooperative members (Under current policy, this will take approximately fifteen years.)

This is to request Capital Credits in the above mentioned deceased member's account to be paid to the estate, according to the proper procedure for the circumstances outlined above.

Sincerely,

Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security# \_\_\_\_\_

Date: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_