

# Request for Capital Credit Refund

## Instructions:

This form must be received by Coahoma Electric with necessary legal documentation beginning June 2016 and ending August 31, 2016.

I am completing this form on behalf of:

**Myself (Former Member)**

Please complete this form attesting to the fact that the person requesting the refund is the same person as the person named in our member records.

**On behalf of deceased persons.**

Complete this form along with the Small Estate Affidavit and Indemnity Agreement. **If filing on behalf of deceased person this entitles the person requesting retirement of capital credits currently being retired and future capital credit retirements.**

I hereby certify and declare that:

1. I am the party legally entitled to claim ownership of this Patronage Capital Account, and
2. I have attached documentation to support and validate my claim for ownership of this Patronage Capital Account, and
3. I agree to indemnify and hold Coahoma Electric harmless for any and all damages, which may arise from subsequent claims to this Patronage Capital Account, and
4. I understand that a copy of this certification statement and any accompanying documentation will be released to any party making subsequent claim to this Patronage Capital Account.

5. I understand that to the extent such member-owner or deceased member-owner owes any outstanding sums to Coahoma Electric, any Patronage Capital credits to be retired shall be applied by way of set-off to such sums.

**Please Print:**

Your Name: \_\_\_\_\_

Your Social Security Number \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

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

**Name(s) in which account was held:**

\_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account Number (if known)	Service Location/ City	Years Of service
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

X \_\_\_\_\_  
Signature of Applicant Date

Mail to: Coahoma Electric Power Association  
P.O. Box 188  
Lyon, MS 38645

(03-2015)