

Request for Capital Credit Refund

Instructions:

This form must be received by Coahoma Electric with necessary legal documentation by October 31, 2017

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

X _____
Signature of Applicant Date

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

(03-2015)