

Coast Electric Power Association  
PO Box 2430  
Bay Saint Louis, MS 39521-2430

**APPLICATION FOR DECEDENT PATRON'S CAPITAL CREDITS**

Application Date: \_\_\_\_\_  
Member Number: \_\_\_\_\_

Decedent Patron's Name: \_\_\_\_\_  
First Middle Initial Last

Decedent Patron's address and residency at date of death (service address):

\_\_\_\_\_  
Street Address/PO Box# City State Zip County

Date and place of decedent patron's death: \_\_\_\_\_

Capacity in which undersigned makes this Application. (Check One)

( ) EXECUTOR, ADMINISTRATOR OR PERSONAL REPRESENTATIVE. Attach copy of Letters Testamentary, Letters of Appointment or Letters of Administration and death certificate.

( ) RELATIVE TO DECEDENT PATRON AND NO PROBATE NECESSARY OR CONTEMPLATED. Attach Affidavits in accordance with MS laws and cooperative By-Laws.

( ) OTHER: \_\_\_\_\_  
Describe capacity and attach all supporting documents.

Relationship of the undersigned to Decedent Patron: \_\_\_\_\_

Mailing address of the undersigned: \_\_\_\_\_  
Street Address (required)

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

Phone number of the undersigned: \_\_\_\_\_

The heirs at law of the Decedent are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Cooperative should make the check payable to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: If the check is to be made payable to less than all the above-named heirs, properly executed and notarized Assignments by the other heirs should be attached.

ELECTION:

By signing this Application, I agree to accept the discounted value of all allocated capital credits and release the Cooperative for their liability insofar as all capital credits that have not been allocated as of the date of this Application.

The undersigned hereby represents and makes affidavit that all of the foregoing information and any information supplied by attachment hereto to be complete and accurate to the best of his or her knowledge. I further understand and agree that all elections made herein are binding and final and shall constitute a waiver of any and all claims for capital credits to which said decedent might otherwise be entitled. I further agree to hold the cooperative harmless from any liability that may arise out of its retirement of capital credits based upon the elections made herein and the information provided herein. I further understand that the payment of capital is discretionary with Management and the Board of Directors and based upon the ability of the Cooperative to retire said credits.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_  
(State whether Executor, Executrix, Administrator, Personal Representative or Relation to Decedent.)

State of \_\_\_\_\_)

Ss.

County of \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

This institution is an equal opportunity provider and employer.