



Dear Directors:

Capital Credit Estate Retirement Request

I request retirement and payment of Capital Credits, credited to the membership listed below. Upon receipt of your check in payment of these Capital Credits, I assume total responsibility for proper distribution to any heirs or legatees of the decedent named below and agree to indemnify the Cooperative and save it harmless from any liability for having made payment as per my request.

Capital Credit/Membership number: _____

Date of Death: _____

Name of deceased member: _____

(Print last name, first name)

List all other names used by the deceased member: _____

Notarized Signature: _____

I am the: *(check a box below)*

☐

Administrator

☐

Heir

☐

Executor

☐

Spouse

Please print all information below.

OR

Applicant Name and Mailing address: _____

Phone Number: _____

If other than applicant, name and address of person to whom the check should be made payable:

Other Payable Name and Mailing address: _____

Phone Number: _____

State of _____)

County of _____)

This instrument was acknowledged before me on _____ (date)

by _____ (Name of Applicant)

_____ (Notary's Signature)

(Seal or Stamp)

Notary Public - State of _____

My commission expires: _____