Delta Electric Power Association

PO Box 9399

Greenwood, MS 38930-8999

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

Member Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**ONE-TIME DISCOUNTED SETTLEMENT**

1. Decedent Patron’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Initial Last

1. Decedent Patron’s address and residency at time of service

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip County

1. Date and place of decedent patron’s death:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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.

1. Relationship of the undersigned to Decedent Patron:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Mailing address of the undersigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address (required)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

1. Phone number of the undersigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The heirs at law of the Decedent are as follows:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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.

1. 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 affirms that all of the foregoing information and any information supplied by attachment hereto to be complete and accurate. 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 defend and hold the cooperative harmless from any liability and/or claims that may arise out of its retirement of capital credits based upon the elections made herein and the information provided herein including but not limited to any claims made by heirs. 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.  I further understand that the discounted portion of the decedent’s capital credits will remain in the decedent’s name until the cooperative is dissolved or liquidated and that I, nor anyone else, has any right to obtain the discounted amount prior to such dissolution or liquidation.

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

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

State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Ss.

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal) Notary Public

My Commission Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_