

Codington-Clark Electric Cooperative Inc.
Request to Retire Capital Credits to Settle Estate

The undersigned hereby requests Codington-Clark Electric Cooperative, Inc. refund to the undersigned in the capacity set forth below such capital credits as are due the named decedent. The undersigned sets forth the following information relative to the decedent named and acknowledges this request is subject to approval by the Cooperative and its provisions for early retirement of capital credits.

For any refund more than \$599, the Internal Revenue Service requires the Cooperative obtain the estate number and the name and address of the person paid the refund. If no estate number was assigned, the Cooperative needs the social security number of the deceased. Please provide all the information requested below and submit this form to Codington-Clark Electric Cooperative for further processing.

Name of decedent: _____ *** Member No. _____ ***
(Please Print) (Office Use Only)

Date of death: ____ / ____ / ____

Estate ID Number: ____ - ____ - ____ SSN: ____ - ____ - ____

Legal residence at time of death: _____

Was an administrator or executor appointed? Yes No

If so, name of such person: _____

If not, was there any property subject to probate? Yes No

If no estate, who are the legal heirs? _____

Your relationship to the decedent: _____

Applicant: _____
(Signature)

Date: ____ / ____ / ____

(Address)

SSN: ____ - ____ - ____
(If applicant's name on check.)

(City - State - Zip)

Phone: _____

Make check payable to: _____ **Estate**

Recipient Name: C/O _____

Street Address: _____

City, State, Zip: _____