

INSTRUCTIONS FOR APPLICATION OF ASSIGNMENT OF CAPITAL CREDIT ACCOUNT OF DECEASED NATURAL PERSON

When to Use this Application: This Application is to be used when Jay County Rural Electric Membership Corporation (the “Cooperative”) has allocated and/or retired capital credits to a **natural person who is deceased**.

Who Can Submit this Application: The person (or entity) submitting this Application (the “Applicant”) must have the legal standing to assume the deceased’s capital credit account and receive payment of the deceased’s retired capital credits.

Application Submission: By submitting this Application, the Applicant is requesting that the Cooperative: (1) “assign” the deceased’s account so that any outstanding or future distributions of capital credits will automatically be allocated to Applicant; and (2) if a check has been issued to the deceased, to reissue the check to the Applicant. Cooperative, in its sole discretion, may deny the reassignment of the deceased’s account as requested in this Application.

Please return this form and the documents requested to:

484 S 200 W Portland, IN 47371 or napterb@jayremc.com

If you have any questions, please call 260-726-7121 or email napterb@jayremc.com

Directions for Application for Assignment of Capital Credit Account of Deceased Natural Person:

Item 1: If the Cooperative records show a single member, list the full legal name of the individual for which the capital credits have been allocated and/or retired, account number, date of death, and address of his or her legal residence at time of death.

If the Cooperative records show the names of two deceased spouses, list both full legal names, dates of death, and the address of the legal residence at time of death for the last surviving spouse. For the rest of the Application, the term “Decedent” will refer to the last surviving spouse since he/she became the sole owner of the capital credits.

Item 2: Provide your full name and contact information.

Item 3: Describe your legal standing with respect to the estate.

Sign the Application in the presence of a notary.

Directions for Affidavit for Transfer of Assets Without Administration:

Provide your full name.

Item 1: List the full legal name of the Decedent for which the capital credits have been allocated and/or retired, date of death, and county of his or her legal residence at time of death.

Sign the Affidavit in the presence of a notary.

Disclaimer: The Cooperative, in accepting and processing this Application for the assignment of capital credits to Applicant for distribution to heirs, legatees, or descendants of heirs or legatees of the Decedent, is making no independent determination as to the factual representations made in the Application and is making no independent determination of the legal effect of the documents attached thereto.

In the processing of this Application, the Cooperative is not offering any legal advice or opinion in regard to who is entitled to receive the Decedent's accrued capital credits. If there is any question about who is entitled to receive the accrued capital credits of the Decedent, Applicant should, and is encouraged, to seek advice from his/her own legal counsel.

**APPLICATION FOR ASSIGNMENT OF CAPITAL CREDIT ACCOUNT
OF DECEASED NATURAL PERSON**

Detailed instructions are included at the beginning of this Application.

1. Name of deceased member(s):

Last: _____ First: _____ Middle Initial: _____
Date of Death: _____

Last: _____ First: _____ Middle Initial: _____
Date of Death: _____

Account Number: _____

Decedent's Legal Residence at Time of Death: _____

2. Applicant: *(person or entity making this Application)*:

Name: _____

Title: _____
(If applicant is a representative of a business):

Phone Number: _____

Email: _____

Address: _____

Make check payable to:
(If different than at left)

Name of individual or Estate: _____

Address: _____

3. Legal capacity to estate *(check only one)*:

☐ Executor/Personal Representative ☐ Administrator

☐ Heir ☐ Other: _____

4. Applicant understands and agrees that the allocation and/or retirement of capital credits to the Applicant shall completely discharge the Cooperative from any further obligation to Decedent for any capital credits owed Decedent by the Cooperative.

5. Applicant represents and warrants Applicant is authorized to sign this Application.
6. Applicant hereby promises that any amount received in connection with this Application shall be distributed by Applicant to Decedent's heirs/legatees/beneficiaries entitled to the same according to the law.
7. Applicant agrees to indemnify, defend, and hold the Cooperative harmless from and against any subsequent claims or demands of any person or persons whomsoever arising from the allocation or payment of the capital credits of the Decedent to Applicant.
8. As a part of this application and to induce the Cooperative to act upon this Application, Applicant hereby warrants and covenants and does, after being duly sworn, depose and say that all of the information provided in this Application is true and correct.

IN WITNESS WHEREOF, the undersigned has executed this Application as of this ____ day of _____ 20__.

Signature

Printed Name

STATE OF _____)
) SS:
COUNTY OF _____)

Before me, a Notary Public, in and for said County and State, personally appeared _____ and acknowledged the execution of the attached "Application for Assignment of Capital Credit Account of Deceased Natural Person."

WITNESS my hand and Notarial Seal this ____ day of _____, 20__.

Signature Notary Public

Printed

My Commission Expires: _____ My County of Residence is: _____