

INSTRUCTIONS TO CLAIM CAPITAL CREDITS:

- COPY OF DEATH CERTIFICATE
- APPLICATION FOR CAPITAL CREDITS FORM COMPLETED (TO DETERMINE HEIRS), SIGNED & NOTARIZED
- HEIRS MUST AGREE TO WAIVE MONEY TO ONE PERSON
- IF HEIRS DO NOT AGREE TO RELEASE MONEY TO ONE PERSON, WE NEED LEGAL DOCUMENTATION (JUDGEMENT OF POSSESSION, LETTER OF ADMINISTRATION) TELLING US WHO TO PAY *LAST WILL AND TESTAMENT IS NOT ACCEPTABLE*
- ACTIVE ACCOUNTS DISCONNECTED OR TRANSFERRED TO ANOTHER NAME (DEPOSIT AND MEMBERSHIP REQUIRED) BEFORE CAPITAL CREDITS CAN BE DISPERSED

APPLICATIONS FOR CAPITAL CREDITS TO DECEASED MEMBER

TO: NORTHEAST POWER COOPERATIVE, INC., WINNSBORO, LOUISIANA

I/We hereby apply for payment of the capital credits allocated to the following deceased member:

The said deceased member did/did not leave a will.

There has/has not been a petition filed for the purpose of judicially determining his heirs.

Surviving spouse _____ Date of Marriage _____

Was decedent married more than once? Yes _____ No _____

If so, give dates and names of prior marriages: _____

Did deceased have any children? Yes _____ No _____

If so, give names and dates of birth of all children and state whether each is living or deceased.

Names of survivors of predeceased children, ages, and identities.
(List on back hereof if space on front not sufficient.)

Names of Parents of deceased member.

Father _____ Living ____, Deceased __ Date _____

Mother _____ Living ____, Deceased __ Date _____

Names of all brothers and sisters of deceased.

Names of survivors of predeceased brother and sisters, ages, and identities.
(List on back hereof if space on front not sufficient.)

Date of Death of deceased member _____

PHOTOSTATIC COPY OF DEATH CERTIFICATE MUST BE ATTACHED.

I/We elect to/not to waive capital credits for the current year: to/not to wait until capital credits for the current year have been allocated for payment.

Do you have power of attorney from other heirs to accept payment? Yes _____ No _____

Witness _____ Signature _____

_____ Address _____

Sworn to and subscribed before me on Phone # _____

This _____ day of _____, 20__

_____ Parish, Louisiana

Notary Public

RELEASE

I/We, the surviving child/children of the late:

Waive all rights and/or claims to the capital credit payment in favor of:

This is my/our written consent to Northeast Louisiana Power Cooperative, Inc., to issue their check to the above:

Witnesses:

Heirs:

Sworn to and subscribed before me on the _____ day of _____ 20__

Notary Public
