



REQUEST FOR PAYMENT OF CAPITAL CREDITS

The undersigned hereby give notice to Red River Valley Rural Electric Association, Marietta, Oklahoma, of the death of _____ . Decedent died on _____ in the County of _____ , State of _____ . Decedent's Social Security # _____ .

Please make check payable to: _____ ESTATE OF _____
(name) _____ C/O _____
(additional name) _____
(address) _____

TO BE COMPLETED BY QUALIFIED EXECUTOR OR ADMINISTRATOR

I, the undersigned, represent that I am the duly appointed, registered and acting executor or administrator of the estate of the above named person. As such, I request that capital credits earned by decedent be paid to the below listed persons/entities in accordance with the policy of the Cooperative.

The amount of capital credits earned as of the close of the last calendar year is hereby accepted in full and final settlement of all claims and demands whatsoever against said Cooperative.

In exchange for early payment of capital credits earned by the decedent, the undersigned hereby (a) guarantee and certify as to the correctness of this document, and (b) agree to release Red River Valley Rural Electric Association of and from any and all claims for patronage refunds, capital credits or other, which decedent may have had or claimed, and (c) agree to hold the Cooperative harmless if there is a determination that capital credits were wrongfully or improperly paid.

Date: _____ Signed: _____
Executor or Administrator
Printed Name: _____
Address: _____

IF NO EXECUTOR OR ADMINISTRATOR

I, the undersigned, hereby give notice that no executor or administrator of decedent's estate is now in existence: I further represent that I will pay to the lawful heirs or legatees of said decedent the amount so received by me, in accordance with the laws of intestate distribution and/or decedent's last will and testament.

The amount of capital credits earned as of the close of the last calendar year is hereby accepted in full and final settlement of all claims and demands whatsoever against said Cooperative.

In consideration of the payment to me of the above designated capital credits, I hereby (a) guarantee and certify as to the correctness of this document, and (b) agree to indemnify and save harmless said Cooperative from any and all claims and demands, damages, costs, charges or expenses, and all actions and suits, whether groundless or otherwise, by reason of the credits, or other which said decedent may have had or claimed.

Date: _____ Signed: _____
Legal Heir or Legatee
Printed Name: _____
Address: _____

Signer's SSN/TIN: _____

NOTICE: Please return this form along with notice indicating date of death to **REA – PO Box 220 – Marietta, OK 73448**. Notice may be a copy of the death certificate, memorandum from funeral, or newspaper clipping.