

**Daviess-Martin County Rural Electric Membership Corporation**

P.O. Box 430, 12628 E 75 N, Loogootee, IN 47553-0430

Phone 812.295.4200 / 800-762-7362 Fax 812.295.4216

**REQUEST FOR RETIREMENT OF CAPITAL CREDITS**

**Capital Credit No.** \_\_\_\_\_  
**(DMREMC will provide)**

**To be completed by Qualified Executor, Administrator or Heir**

I, the undersigned, hereby give notice to Daviess Martin County Rural Electric Membership Corporation, of the death of \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. The Decedent died in the County of \_\_\_\_\_, State of \_\_\_\_\_.

Decedent's Social Security Number (if known) is: \_\_\_\_\_.

I, the undersigned, further represent that I am the duly appointed, registered and acting executor or administrator of the estate of the above named person having been so appointed by the \_\_\_\_\_ County Court on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in Cause Number \_\_\_\_\_. As such, I request that the capital credits earned by the decedent be paid to the below listed persons/entities in accordance with the policy of the Cooperative. In exchange therefore, the undersigned agrees to (a) guarantee and certify to the correctness of this document, and (b), agrees to release the Daviess Martin County Rural Electric Membership Cooperative from any and all claims for patronage refunds, capital credits or other, which the Decedent may have had or claimed, and (c) agrees to hold the Cooperative harmless and indemnify said cooperative if there is a determination that the capital credits were wrongfully or improperly paid.

Alternately, I represent that no estate was opened for the Decedent pursuant to the laws and requirements of the State of \_\_\_\_\_. I hereby agree 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 the Decedent's last will & testament. In exchange therefore, the undersigned agrees to (a) guarantee and certify to the correctness of this document, and (b), agrees to release the Daviess Martin County Rural Electric Membership Cooperative from any and all claims for patronage refunds, capital credits or other, which the Decedent may have had or claimed, and (c) agrees to hold the Cooperative harmless and indemnify said cooperative if there is a determination that capital credits were wrongfully or improperly paid.

The amount of capital credits earned as of the close of the last calendar year is hereby accepted in full and final settlement of any and all claims and demands whatsoever against the Daviess Martin County Rural Electric Cooperative.

**Please make check payable to the following:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Relationship to deceased REMC Member(s) \_\_\_\_\_

**If this form is mailed to the REMC, it must be notarized and include a legible copy of one form of government issued identification for person completing this form.**

Date: \_\_\_\_\_  
Signature of Executor, Administrator or Heir

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

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

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

County of Residence:  
\_\_\_\_\_

**CHECKLIST:**

Please include the following items to avoid your request being delayed.

- Complete and return the attached IRS Form W-9 - Request for Taxpayer Identification Number and Certification for the person completing this form.
- Attach copy of one valid form of government issued identification for person completing this form.
- Attach documentation to establish date of death of Decedent, such as a death certificate, newspaper clipping, memorial card, etc.

Listed below are the known heirs or legatees of said decedent.

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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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**Please attach any additional sheets necessary to list all immediate heirs.**

**Daviess-Martin County REMC is an equal opportunity provider and employer.**

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
Exempt payee code (if any) _____		
Exemption from FATCA reporting code (if any) _____		
<i>(Applies to accounts maintained outside the U.S.)</i>		
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*