

INSTRUCTIONS FOR APPLICATION FOR ASSIGNMENT OF CAPITAL CREDITS FOR BUSINESS OR ENTITY NO LONGER IN EXISTENCE

When to Use this Application: This application is to be used when DM REMC (the “Cooperative”) has allocated and/or retired capital credits to a **former business or entity member that no longer exists under Indiana law** (the “Entity”). Examples of entities are corporations, limited liability companies and unincorporated associations like partnerships.

Complete this form as soon as possible once the Entity is no longer in existence (so that in the future, any retired capital credits will automatically be paid to the correct person or entity). This form also can be used if the Cooperative has issued a payment check for retired capital credits to the Entity. In that event, the proper successor in interest, beneficiary, or person authorized to collect and distribute the payment will fill out this application so the payment check can be reissued to the proper successor in interest/beneficiary/recipient.

Who Can Submit this Application: The person (or entity) submitting this application (the “Applicant”) must be:

- a. entitled to assume Entity’s capital credit account and receive payment of the Entity’s retired capital credits;
- b. the individual (or entity) authorized by all such proper recipients to receive payment of the Entity’s retired capital credits; or
- c. authorized by the Entity to submit this application.

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

Please return this form and the documents requested to:

DAVIESS MARTIN REMC
P.O. Box 420
Loogootee, Indiana 47553

Directions:

Item 1: List the full legal name and account number of the former member Entity for which the capital credits have been allocated and/or retired. (This should be the exact legal name as listed in the records of the Indiana Secretary of State. If this name differs from the name on the utility account, please explain on a separate document).

Item 2: Check the box indicating the type of organization that the Entity was during its existence. (This should also match the records of the Secretary of State.) If not listed, check “Other” and list the organization type.

Item 3: List the full legal name, phone number, email, and address name of the person or entity making the application, referred to as “Applicant.”

Item 4: Circle the office or capacity in which Applicant served or is currently serving.

Item 5: List the full legal name(s) of the person(s) that are legally entitled to receive retirements of capital credits from the Entity’s account. List the single address to which checks and future correspondence should be mailed. You must notify the Cooperative if the address changes.

Item 6: Indicate the circumstances surrounding the Entity's dissolution or termination. Check ONLY ONE box in Item 6. Refer to the Secretary of State's website for assistance determining the "official" description and for copies of the required documentation.

Item 6A: Check if Entity was administratively dissolved by the Secretary of State. An example is when the company failed to file biennial reports and was dissolved by the Secretary of State. ATTACH a copy of the Certificate of Administrative Dissolution.

Item 6B: Check if Entity was voluntarily dissolved or cancelled. An example is when the board of directors and shareholders decide to dissolve a corporation, wrap up the business, pay corporate debts and make appropriate filings with the Secretary of State. ATTACH a copy of the Articles of Dissolution or Certification of Cancellation

Item 6C: Check if Entity was judicially dissolved by order of a court. ATTACH a copy of the Decree of Judicial Dissolution.

Item 6D: Check if Entity was an unincorporated business association (*e.g.*, partnership, limited partnership, or limited liability partnership) which has been terminated. ATTACH a copy of the Certificate of Cancellation of Certificate of Authority if applicable.

Item 6E: Check if none of the other selections in Item 6 apply. Explain why an attachment is unavailable or explain the circumstances surrounding the dissolution.

Item 7: Warranties and representations regarding who is legally entitled or authorized to have the Entity's account reassigned and receive the payment of the Entity's retired capital credits.

Item 7A: Applicant is the sole person entitled to receive the payment. If Applicant checks Item 7A and is not the sole beneficiary or fails to list all of the beneficiaries or properly distribute the proceeds, then both the Cooperative and the proper recipients can sue Applicant and recover damages.

Item 7B: If Applicant is not the sole beneficiary, list all the proper beneficiaries/recipients.

Daviess- Martin County REMC guidelines are as follows: Only one check will be issued and mailed. The check will be sent to the Applicant. If there is more than one representative for the entity, the representatives will have to agree to whom will be the sole applicant. If the Applicants do not come to an agreement, the cooperative will mark the account invalid until the proper paperwork is received. Daviess Martin REMC may deny the reassignment of the Applicants request.

If you have any questions, please call 812-295-4200.

APPLICATION FOR ASSIGNMENT OF CAPITAL CREDIT ACCOUNT OF BUSINESS OR ENTITY NO LONGER IN EXISTENCE

Detailed instructions are included at the beginning of this application.

1. Former Entity name: _____

REMC Customer Number (if known): _____

2. Organization type (*check only one*):

☐ Corporation

☐ Limited Liability Partnership

☐ Non-Profit or Mutual Benefit Corporation

☐ Limited Liability Company

☐ Partnership

☐ Limited Partnership

☐ Other: _____

3. Applicant: (*person or entity making this application*):

Name: _____

Title: _____

(if Applicant is a representative of a business or organization):

Phone Number: _____

Email: _____

Address: _____

4. Applicant's Relationship to Former Entity (if any): _____

Examples include, but are not limited to:

Corporation – Officer; Attorney for corporation; Incorporator; Shareholder; Director; Receiver or Trustee

LLC – Member; Manager; Attorney for LLC; Organizer; Receiver or Trustee

Limited Partnership – General Partner; Attorney for LLP; Receiver or Trustee

Limited Liability Partnership – General Partner; Attorney for LLP; Receiver or Trustee

Partnership – General Partner; Attorney for partnership; Receiver or Trustee

5. Assignee: _____

(name of person, business, or organization to whom the account should be assigned)

Permanent mailing address of Assignee: _____

Indicate nature of Assignee (*check only one*):

- | | |
|---|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other type of Entity: _____ |
| <input type="checkbox"/> Successor in Interest (person) | <input type="checkbox"/> Beneficiary of Successor in Interest (person) |

6. Indicate the circumstances surrounding the Former Entity's dissolution or terminating by checking the appropriate box and **attaching the proper supporting documentation** as indicated (*check only one*):

- ☐ 6A. The Former Entity was **administratively dissolved** by the Secretary of State and a copy of the Certificate of Administrative Dissolution issued by the Secretary of State is attached hereto.
- ☐ 6B. The Former Entity was **voluntarily dissolved** and a copy of the Articles of Dissolution issued by the Secretary of State is attached hereto.
- ☐ 6C. The Former Entity was **judicially dissolved**, and a copy of the Decree of Judicial Dissolution (or equivalent) is attached hereto.
- ☐ 6D. The Applicant warrants that the Former Entity was an **unincorporated** business association (*e.g.*, Partnership, Limited Partnership, or Limited Liability Partnership) that has been properly dissolved or terminated pursuant to applicable laws and any agreements controlling the Former Entity's ownership or governance and a copy of the Certificate of Cancellation of Certificate of Authority, if applicable, is attached hereto.
- ☐ 6E. **Other**, EXPLAIN: The Applicant warrants that: _____

7. The Applicant warrants to the Cooperative that under applicable laws of the State of Indiana (*check only one*):

- ☐ 7A. Applicant (and no other person or entity) is legally entitled to assume Former Entity's capital credit account and receive all Former Entity's capital credit payments.
- ☐ 7B. The following recipient(s) is (are) legally entitled assume Former Entity's capital credit account and to receive the Former Entity's capital credit payments:

(list all persons or entities (including Applicant, if appropriate) that are entitled to receive payment for the Former Entity's capital credit refund). **Applicant agrees to distribute the capital credit payments received from the Cooperative to those listed in Item 7B, if any, in full accordance with the plan of dissolution, organizational documents, agreement among owners or as provided by applicable law.**

THE APPLICANT FURTHER SWEARS, WARRANTS, AND COVENANTS THAT (i) NO ACTION OR EVENT EXISTS WHEREIN THE CAPITAL CREDITS OF THE FORMER ENTITY WITH THE COOPERATIVE HAVE BEEN TRANSFERRED, PROMISED, GRANTED, CLAIMED OR AWARDED; (ii) APPLICANT SHALL INDEMNIFY AND HOLD HARMLESS THE COOPERATIVE FROM ANY CLAIM OR DEMAND MADE AGAINST THE COOPERATIVE, AND THE COST AND EXPENSE OF DEFENDING SAME, BY VIRTUE OF ITS PAYMENT OF THE CAPITAL CREDIT ACCOUNT IN THE MANNER PROVIDED FOR IN THIS APPLICATION OR ARISING IN ANY WAY FROM THE COOPERATIVE'S RELIANCE UPON INFORMATION PROVIDED BY THE APPLICANT HEREIN, (iii) ALL DOCUMENTATION PROVIDED BY APPLICANT WITH THIS APPLICATION IS, TO THE BEST OF APPLICANT'S KNOWLEDGE, TRUE AND ACCURATE; (iv) THE APPLICANT IS DULY AUTHORIZED TO MAKE THIS APPLICATION AND, , IF APPLICABLE, RECEIVE SUCH PAYMENTAND (v) THE APPLICANT HAS RECEIVED THE CONSENT OF EACH OF THE PERSONS WITH AN INTEREST IN THE ASSETS OF THE DISSOLVED FORMER ENTITY TO COMPLETE THIS FORM, IF NECESSARY, MAKE THE STATEMENTS MADE HEREIN, AND RECEIVE THE PAYMENT OF THE FULL AMOUNT OF THE ENTITY'S CAPITAL CREDITS FROM THE COOPERATIVE.

8. As a part of this application and to induce the Cooperative to act upon this application, the Applicant does hereby warrant and covenant 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____.

Signed: _____

Print: _____

State of Indiana
County of _____

I, a Notary Public, hereby certify that _____ whose name is signed to the foregoing instrument or conveyance, and who is known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, he/she/they executed the same voluntarily on the day the same bears date.

Given under my hand this the _____ day of _____, 20____.

(Signature of notarial officer)

(Seal, if any)

My commission expires: _____

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: 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 not 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) ► _____	4 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>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 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.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

Sign Here	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.

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.