

REQUEST FOR RETIREMENT OF CAPITAL CREDITS

Capital Credit No.______ (DMREMC will provide.) or or Heir

To be completed by Qualified Executor, Administrator or Heir

I, the undersigned, hereby give notice to Da	aviess Martin	County Rural Electric	: Membershij	p Corporation, of the
death of The Decedent died in the County of		, State of		
Decedent's Social Security Number (if know The above name decedent has a:	/n) is:			
		🗆 will		
*Please sig	gn and attach o	affidavit for options "W	"ill" and "None"	"
☐ I, the undersigned, further represent the administrator of the estate/trust of the about county Court on the Cause Number County Court on the Cause Number be paid to the below listed persons/entities therefore, the undersigned agrees to (a) gut to release the Daviess Martin County Rural refunds, capital credits or other, which the Cooperative harmless and indemnify said convorgfully or improperly paid.	ove named pe day As such, s in accordanc arantee and o Electric Mem Decedent ma	rson having been so of I request that the cap ce with the policy of certify to the correct bership Cooperative by have had or claime	appointed by pital credits e the Cooperat ness of this d from any and ed, and (c) age	y the , in earned by the decedent ive. In exchange ocument, and (b), agrees d all claims for patronage rees to hold the
□ Alternately, I represent that no estate we the State of I he decedent the amount so received by me, in Decedent's last will & testament. In exchar the correctness of this document, and (b), a Cooperative from any and all claims for pat had or claimed, and (c) agrees to hold the C determination that capital credits were wro The amount of capital credits earned as of the settlement of any and all claims and demar Cooperative.	accordance accordance age therefore agrees to rele ronage refun Cooperative h ongfully or im	that I will pay to the with the laws of inter , the undersigned ag ase the Daviess Mart ds, capital credits or armless and indemni properly paid.	lawful heirs o state distribu rees to (a) gu tin County Ru other, which ify said coope is hereby acc	or legatees of said tion and /or the larantee and certify to ural Electric Membership the Decedent may have erative if there is a cepted in full and final
Please make check payable to the following	<mark>g:</mark> Na	me:		
	Ad	dress:		
City		Stat	te	Zip
Phone Number(s	;)			

Relationship to deceased REMC Member(s)_

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

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Nume	Address	Phone
		<u>_</u>
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Nullic .	Address	FIIONE
Name	Address	Phone

Please attach any additional sheets necessary to list all immediate heirs.

If this form is not signed in the presence of an REMC employee, 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
	Printed Name
Subscribed and sworn to before me this	day of,,
	Notary Public
	Printed Name
M. Commission Furthers	Country of Decidences
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 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.
- Attach affidavit when filing for will or no will.
- Attach paperwork stating who is the executor of the will, estate or trust if applicable.
- Attach dissolution paperwork from the court for closed estate, trust or will.

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

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	
s on page 3.	following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)
type	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►	
Print or type. fic Instructions	LLC if the LLC is classified as a single member LLC that is disrogarded from the owner unless the owner of the LLC is	Exemption from FATCA reporting code (if any)
Р Specific	Other (see instructions) ►	(Applies to accounts maintained outside the U.S.)
See Sp	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and	d address (optional)
0,	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	
Par	Taxpayer Identification Number (TIN)	
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social secu	irity number

Enter your this in the appropriate box. The this provided must match the name given on line 1 to avoid	ocolal ocoal	ity nambol		
backup withholding. For individuals, this is generally your social security number (SSN). However, for a			<u> </u>	
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 <i>How to get a</i>			_ L	_
TIN, later.	or			
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and	Employer id	entification	numbe	r

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.

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 ►	

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)

Date >

- 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)

later.

 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,

DECEASED MEMBER NAME

CUSTOMER NUMBER

		member is due paymer	EASED MEMBER TO HEIR nt of capital credit)
		ired when filing with an	
1.		above-named member w while dom ember passed away (che	iciled in County,
	Exhibit " minimal	A" and that the will wa	will is attached to this Affidavit as s not probated as the estate was of ing of an estate and probating of the
	(b) witho	out a will.	
2.	Forty-five (45) d	lays have elapsed since	the death of the member.
3.			ntment of a personal representative risdiction, or is contemplated to be
4.		-	ly persons listed on the will as only heirs at law if the member died
<u>Name</u>		<u>Relationship</u>	Address

All of these individuals have been notified of this Affidavit by me.

- 5. Pursuant to State law, the value of the member's gross probate estate, less liens and encumbrances, does not exceed the sum of One Hundred Thousand Dollars (\$100,000.00) as provided by Indiana Code § 29-1-8-1 and did not require the opening of an estate.
- 6. The member, at the time of his/her death, had certain patronage capital credited to his/her account because decedent was a member of Daviess-Martin County REMC.
- 7. By reason of the above matters, I request that the patronage capital account in the name of _______ be transferred to me pursuant to (a) the laws of intestate distribution; or (b) in accordance with the provisions of the decedent's Last Will and Testament, and in accordance with the provisions of Indiana Code §29-1-8-1 and 29-1-8-2.
- 8. I am entitled to the payment or delivery of the property and request immediate distribution to me pursuant to the provisions of Indiana Code §29-1-8-3 on behalf of each person listed in paragraph 4.
- 9. Pursuant to the terms of Indiana Code §29-1-8-2, Daviess-Martin County REMC released from any liability for payment of the capital credits to me.
- 10. I hereby request that the capital account be released to me and that distribution of this account releases Daviess-Martin County REMC from any liability with regard to the proper application and disbursement of the personal property and that I, ______, hereby accept responsibility for the proper disbursement of the funds according the provisions of Indiana law and hereby agree to hold harmless Daviess-Martin County REMC from any liability with regard to the transfer of the patronage account.

(Personal Representative signature)

STATE OF INDIANA)) SS. COUNTY OF _____)

Before me, the undersigned, a Notary Public in and for said county and state, this _____ day of _____, 20___, came _____ and acknowledged the execution of the foregoing.

Witness my hand and notary seal.

•

(Notary Public) Residing in _____ County, Indiana.

My Commission Expires: