UNCLAIMED CAPITAL CREDITS REQUEST FORM

Note: If the member is deceased, the person entitled to the capital credits may use this form to claim amounts already retired by completing the section below. Checks are made out in the member's name unless the member named a beneficiary on a Capital Credit Beneficiary form. To retire the remaining balance early, use the Capital Credit Early Retirement Affidavit.

TCEC Account Number (if known): _____

Member Name per TCEC Records: _____

Member Name, if different from above: _____

Last four of Social Security Number: _____

Current Mailing Address: _____

_____

Phone: _____ Email: _____

Business Membership

Organization name: _____

Tax ID: _____

If the Member Is Deceased

Relationship to member: _____ Member's date of death: _____

Claimant Mailing Address: _____

Claimant's last four of Social Security Number, or EIN of a trust or estate: _____

Attach a copy of the member's death certificate. If available, also attach Letters Testamentary or Letters of Administration, a court order determining heirs, or a trust document naming you as trustee.

I hereby certify that:

- I attest to the fact that I am the former member of Tri-County Electric Cooperative (TCEC) named above, an authorized representative of that member, or a person legally entitled to claim ownership of the capital credit allocations for this account as shown above, and I warrant that all information supplied is true and correct.
- I understand that the refund will be reduced by any outstanding sums owed to TCEC.
- I will be responsible for properly distributing the capital credit refund to any parties who may be entitled to a portion of the proceeds.
- I agree to indemnify, defend, and hold TCEC harmless from and against any subsequent claims by any person or persons regarding payment of the capital credits.
- I understand that this form will be disclosed to any individual who makes any subsequent claim or demand upon the capital credits being claimed hereunder.

Claimant Signature

Claimant Signature: _____ Date: _____

Claimant Printed Name: _____

Notary Acknowledgement

STATE OF _____)

) SS:

COUNTY OF _____)

The foregoing instrument was acknowledged before me on _____ (date) by

_____ (name(s) of person(s)).

(Seal, if any)

_____

Signature of Notarial Officer

_____

Commission No.

My commission expires: _____

Return this form to:

TCEC, P.O. Box 880, 995 Mile 46 Road, Hooker, OK 73945

Phone: 580-652-2418, Email: info@tcec.coop, Fax: 580-652-3290

OFFICE USE ONLY

Date Received: _____ Received by: _____

Date Processed: _____