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811 Hamrick Street PO Box 2269, Gaffney, SC 29342-2269 (864) 489-5737 Fax (864) 487-7808

CERTIFICATION OF ENTITLEMENT TO BROAD RIVER ELECTRIC COOPERATIVE CAPITAL CREDITS

I, _____ hereby make claim to the capital credits assigned by Broad River Electric Cooperative
 (PLEASE PRINT FULL NAME)
 to the account of _____
 (NAME OF DECEASED AND/OR NAME OF BUSINESS OF DECEASED) (MEMBER NUMBER)

I certify that:

- 1) I am the party legally entitled to claim ownership of these capital credits payments because _____.
- 2) I will be responsible for distributing the capital credits claimed in accordance with any predetermined agreements of the business to which they were assigned, or the will of the deceased member.
- 3) I will indemnify, defend and hold Broad River Electric Cooperative harmless against any subsequent claims to or for these capital credits.
- 4) I understand that a copy of this certification statement will be released to any party making subsequent claims to these capital credits.
- 5) I will be required to provide a certified copy of the death certificate to Broad River Electric Cooperative, if the member eligible for capital credits is now deceased. Date of death: _____ SS# _____
- 6) I understand that for any capital credit disbursement over \$100.00 (other than spouse to spouse) I will be required to submit a copy of the Certificate of Appointment or Affidavit for Collection of Small Claims for the estate of the decedent as proof of eligibility to receive the capital credits.

SIGNATURE OF CLAIMANT		DATE	
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER(S)		EMAIL ADDRESS	

Signed, Sealed and Delivered

In the Presence of:

_____ Date _____

_____ Date _____

STATE OF _____)
 COUNTY OF _____)

ACKNOWLEDGEMENT

Personally appeared before me _____ and made oath that he/she saw the above named claimant, known to be the identical person(s) who executed the foregoing instrument as their free and voluntary act and deed for the uses and purposes therein mentioned, and that he/she with _____ in the presence of each other, witnessed the due execution thereof.

Sworn to before me this _____ day of _____, 20 _____. By: _____
 _____ (SEAL)

Notary Public for _____ Date Commission Expires: _____.