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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 _____)

ACKNOWLEDGEMENT

COUNTY OF _____)

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: _____.



**BROAD RIVER ELECTRIC COOPERATIVE, INC.
DECEASED PATRON CAPITAL CREDIT RETIREMENT**

MEMBER'S NAME _____

DATE OF DEATH _____ ACCOUNT NUMBER _____

ADDRESS _____

Having been advised that Capital Credits assigned on the books of Broad River Electric Cooperative, Inc. to the deceased member can be paid one of two ways, I/we, the personal representative(s) of the decedent's estate, do hereby make a one-time irrevocable decision on how to receive this money by selecting and executing one of the following payment methods.

If the decedent's account has an outstanding balance, or if the decedent's account has not been final billed, any amount owed to Broad River Electric Cooperative, Inc. will be deducted from this amount.

Payment Method #1 – Present Day Value Method

I/We agree to immediately accept the discounted present day value of all Capital Credits assigned. In accepting this payment, the undersigned representative(s) of the decedent's estate hereby irrevocably assigns to Broad River Electric Cooperative, Inc. the portion of such credits not paid.

Payment Method #2 – Annual Retirement Method

I/We agree to accept the full 100% face value of each yearly amount assigned to the decedent while he/she was a member of Broad River Electric Cooperative, Inc. with the understanding that such payment will be made in periodic installments on the same schedule as for living members when Capital Credits through general retirement are declared payable by the Cooperative's Board of Directors. I/We understand that under the present capital credit retirement schedule, it will take many years for the full cumulative amount to be paid.

The undersigned hereby represents all information to be complete and accurate to the best of his/her knowledge, and agrees to hold Broad River Electric Cooperative, Inc. harmless from any liability that may arise out of its retirement of Capital Credits based on such information.

SIGNATURE _____

ADDRESS _____

TELEPHONE _____

DATE _____

WITNESS _____

DATE _____

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: _____

If application is not signed on Cooperative premise, it must be notarized.

Return to: Broad River Electric Cooperative, Inc. PO Box 2269, Gaffney, SC 29342

Telephone: 866-687-2667

Email: InfoGroup@broadriverelectric.com

Fax: 864-487-7808