INCOMPLETE FORMS CANNOT BE PROCESSED

## CERTIFICATION OF ENTITLEMENT TO SPRINGER ELECTRIC COOPERATIVE CAPITAL CREDITS

I,_____,hereby make claim to the capital credits assigned by Springer Electric Cooperative
(PLEASE PRINT FULL NAME)
to the account of _____.
(NAME OR BUSINESS NAME & LOCATION and YEARS of SERVICE)

**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 Springer Electric Cooperative harmless against any subsequent claims to or for these Capital credits payments.

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 Springer Electric Cooperative, if the member eligible for capital credits is now deceased.

6) I understand that for any capital credit allocation over $500.00 I will be required to submit a copy of the Letters of Administration for the estate of the decedent as proof of eligibility to receive the capital credit.

_____

SIGNATURE OF CLAIMANT DATE SOCIAL SECURITY NUMBER OR FEDERAL ID #

_____

ADDRESS CITY STATE

_____

PHONE NUMBER(S) EMAIL ADDRESS

**ACKNOWLEDGEMENT**

**STATE OF _____ )**
**)SS.**
**COUNTY OF_____ )**

**Before me_____,in and for this state, on this_____day of_____,20____personally appeared _____to me known to be the identical person(s) who executed the within and foregoing instrument, and acknowledged to me that _____executed the same as _____free and voluntary act and deed for the uses and purposes therein set forth.**

_____
**Notary Public**

**My commission Expires:**

_____