

REQUEST FOR PAYMENT OF CAPITAL CREDITS

TO: SOUTHEASTERN ILLINOIS ELECTRIC COOPERATIVE, INC.
P.O. BOX 1001
CARRIER MILLS, IL 62917

WE, THE UNDERSIGNED, BEING HEIRS/LEGATEES OF _____, DECEASED, WHO

AT HIS/HER DEATH RESIDED AT (ADDRESS) _____
AND WHO WAS A MEMBER OF SOUTHEASTERN ILLINOIS ELECTRIC COOPERATIVE, INC. (SEIEC) AND AS SUCH WAS
ENTITLED TO CAPITAL CREDITS FROM SAID COOPERATIVE, DO HEREBY REQUEST THAT ANY CAPITAL CREDITS DUE

THE ESTATE OF THE DECEASED BE PAID OVER TO THE FOLLOWING PERSON(S) _____

_____ WHOSE RELATIONSHIP TO THE DECEASED

WAS _____ BY THE FOLLOWING METHOD:

OPTION 1: NORMAL COOPERATIVE CAPITAL CREDIT RETIREMENT METHOD

OPTION 2: EARLY RETIREMENT CAPITAL CREDIT RETIREMENT METHOD (DISCOUNTED AMOUNT)

WE REPRESENT THAT AS HEIRS/LEGATEES, WE HAVE AN INTEREST IN SAID ESTATE AND THE CAPITAL CREDITS REFUNDS DUE TO THE DECEASED AND THAT THERE ARE OR MAY BE OTHERS WHO ALSO HAVE AN INTEREST IN CAPITAL CREDITS DUE THE DECEASED, BUT IT IS IMPOSSIBLE OR OTHERWISE IMPRACTICAL TO HAVE THEM JOIN IN THE EXECUTION OF THIS REQUEST ALTHOUGH WE BELIEVE AND REPRESENT THAT THEY WOULD BE WILLING SO TO DO.

WE, THE UNDERSIGNED FURTHER REPRESENT THAT THE PERSON(S) ABOVE ENTITLED TO RECEIVE SAID REFUND SHALL BE RESPONSIBLE FOR THE PROPER DIVISION AND DISTRIBUTION THEREOF AMONG THE PERSONS AND PARTIES LEGALLY ENTITLED THERETO AND THAT IN CONSIDERATION FOR THE PAYMENT BY SEIEC, HEREIN REQUESTED WE AGREE TO AND DO HEREBY RELEASE AND INDEMNIFY SAID COOPERATIVE AGAINST ALL CLAIMS WHICH IT MAY SUSTAIN, INCLUDING ATTORNEY FEES, BY REASON OF MAKING SUCH PAYMENT AND WE, AND EACH OF US, JOINTLY AND SEVERALLY AGREE TO HOLD SAID COOPERATIVE HARMLESS THEREFORE.

THIS REQUEST SHALL BE CONSIDERED AS INCLUDING ALL CAPITAL CREDITS STANDING IN THE NAME OF THE ABOVE DECEASED WHETHER NOW OR HEREAFTER PAYABLE AND SHALL BE CONSIDERED AS A CONTINUING REQUEST FOR ANY FUTURE CAPITAL CREDITS AS AND WHEN THEY BECOME PAYABLE.

IN WITNESS WHEREOF, WE THE UNDERSIGNED, HAVE HEREUNTO SET OUR HANDS AND SEALS THIS _____ DAY OF

_____, _____.

PRINT: FULL LEGAL NAME SOCIAL SECURITY# STREET CITY ST

SIGNATURE

Subscribed and sworn to before me this ____ day of _____, _____.

Notary Public _____ (SEAL)