

South Alabama Electric Cooperative
P.O. BOX 449
TROY, ALABAMA 36081

DECEASED MEMBER FORM

1. Name of Member _____ 2. Date of Death _____

3. You must meet one of the following requirements to be entitled for Capital Credit payments.

- a.) Administrator Name _____ Address _____
Date of Appointment _____ Court _____
- b) Surviving Spouse's Name _____ Address _____
- c) Surviving Child's Name _____ Age _____
Address _____

(To my knowledge the estate of the deceased had no will, no executor or administrator, and that no spouse survived the deceased. I understand that if I am not entitled to these Capital Credits, I may be prosecuted of perjury and subject to penalty under the law of the State of Alabama.)

4. Your Telephone Number _____.

5. Service Address _____

(Where the deceased member lived during the refund years)

APPLICATION FOR CAPITAL CREDITS

Application is hereby made to South Alabama Electric Cooperative, hereinafter called the Co-op, to pay the capital credits for the years _____, of the above named deceased member, less any sum of debt owed by him/her to the Co-op.

Applicant represents that he/she is over the age of 21 years: the aforesaid facts entitle him/her to such payments under the bylaws, rules, regulations and policies of the Co-op; and that the above representations were made for the express purposes of inducing the Co-op to make such payments to this applicant.

IN CONSIDERATION of the payment of the aforesaid, receipt of which is hereby acknowledged. I bind myself, my heirs, executors and administrators to protect and save harmless and fully indemnify the Co-op against any damage, claim or expense arising out of the payment of said sums to me. I agree to pay all cost of enforcing this obligation, including a reasonable attorney's fee, and I waive as to this obligation all right of exemption as to personal property under the constitution and statues of this and any other state.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this the _____ day of _____, 20_____.

Applicant

The aforesaid applicant, being by me first duly sworn, an oath that the facts stated in the foregoing QUESTIONNAIRE and APPLICATION are true and correct and subscribed his/her name in my presence.

IN WITNESS THEREFOF this _____ day of _____, 20_____.

Notary Public (SEAL)