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REQUEST FOR RETIREMENT OF CAPITAL CREDITS

Capital Credit No. _____
(DMREMC will provide.)

To be completed by Qualified Executor, Administrator or Heir

I, the undersigned, hereby give notice to Davies Martin County Rural Electric Membership Corporation, of the death of _____ on the ____ day of _____, _____.
The Decedent died in the County of _____, State of _____.

The above name decedent has a:

- Estate Trust Will None

**Please sign and attach affidavit for options "Will" and "None"*

I, the undersigned, further represent that I am the duly appointed, registered and acting executor or administrator of the estate/trust of the above named person having been so appointed by the _____ County Court on the _____ day of _____, _____, in Cause Number _____. As such, I request that the capital credits earned by the decedent be paid to the below listed persons/entities in accordance with the policy of the Cooperative. In exchange therefore, the undersigned agrees to (a) guarantee and certify to the correctness of this document, and (b), agrees to release the Davies Martin County Rural Electric Membership Cooperative from any and all claims for patronage refunds, capital credits or other, which the Decedent may have had or claimed, and (c) agrees to hold the Cooperative harmless and indemnify said cooperative if there is a determination that the capital credits were wrongfully or improperly paid.

Alternately, I represent that no estate/trust was opened for the Decedent pursuant to the laws and requirements of the State of _____. I hereby agree that I will pay to the lawful heirs or legatees of said decedent the amount so received by me, in accordance with the laws of intestate distribution and /or the Decedent's last will & testament. In exchange therefore, the undersigned agrees to (a) guarantee and certify to the correctness of this document, and (b), agrees to release the Davies Martin County Rural Electric Membership Cooperative from any and all claims for patronage refunds, capital credits or other, which the Decedent may have had or claimed, and (c) agrees to hold the Cooperative harmless and indemnify said cooperative if there is a determination that capital credits were wrongfully or improperly paid.

Please make check payable to the following:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone Number(s) _____

Social Security Number: _____

Relationship to deceased REMC Member(s) _____

Listed below are the known heirs or legatees of said decedent.

<i>Name</i>	<i>Address</i>	<i>Phone</i>
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<i>Name</i>	<i>Address</i>	<i>Phone</i>
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<i>Name</i>	<i>Address</i>	<i>Phone</i>
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Please attach any additional sheets necessary to list all immediate heirs.

If this form is not signed in the presence of an REMC employee, it must be notarized and include a legible copy of one form of government issued identification for person completing this form.

Date: _____
Signature of Executor, Administrator or Heir

Printed Name

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

Notary Public

Printed Name

My Commission Expires:

County of Residence:

CHECKLIST:

Please include the following items to avoid your request being delayed.

- Attach one copy of a form of government issued photo identification for person completing this form.
- Attach documentation to establish date of death of Decedent, such as a death certificate, newspaper clipping, memorial card, etc.
- Attach affidavit when filing for will or no will.
- Attach paperwork stating who is the executor of the will, estate, or trust if applicable.
- Attach dissolution paperwork from the court for closed estate, trust, or will.
- **IF A CURRENT ESTATE, TRUST, OR BUSINESS:** Complete and return the attached IRS Form W-9 - Request for Taxpayer Identification Number and Certification for the entity completing this form

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

DECEASED MEMBER NAME

CUSTOMER NUMBER

PAYMENT OF CAPITAL CREDITS OF DECEASED MEMBER TO HEIR

(for use when member is due payment of capital credit)

**Not required when filing with an estate or trust.*

1. I swear that the above-named member was deceased on _____ while domiciled in _____ County, Indiana. The member passed away (check one)

_____ (a) with a will and a copy of the will is attached to this Affidavit as Exhibit "A" and that the will was not probated as the estate was of minimal value wherein the opening of an estate and probating of the will was not required.

_____ (b) without a will.

2. Forty-five (45) days have elapsed since the death of the member.

3. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, or is contemplated to be filed.

4. The following named persons are the only persons listed on the will as beneficiaries of the member or, are the only heirs at law if the member died without a will:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All of these individuals have been notified of this Affidavit by me.

5. Pursuant to State law, the value of the member's gross probate estate, less liens and encumbrances, does not exceed the sum of One Hundred Thousand Dollars (\$100,000.00) as provided by Indiana Code § 29-1-8-1 and did not require the opening of an estate.
6. The member, at the time of his/her death, had certain patronage capital credited to his/her account because decedent was a member of Daviess-Martin County REMC.
7. By reason of the above matters, I request that the patronage capital account in the name of _____ be transferred to me pursuant to (a) the laws of intestate distribution; or (b) in accordance with the provisions of the decedent's Last Will and Testament, and in accordance with the provisions of Indiana Code §29-1-8-1 and 29-1-8-2.
8. I am entitled to the payment or delivery of the property and request immediate distribution to me pursuant to the provisions of Indiana Code §29-1-8-3 on behalf of each person listed in paragraph 4.
9. Pursuant to the terms of Indiana Code §29-1-8-2, Daviess-Martin County REMC released from any liability for payment of the capital credits to me.
10. I hereby request that the capital account be released to me and that distribution of this account releases Daviess-Martin County REMC from any liability with regard to the proper application and disbursement of the personal property and that I, _____, hereby accept responsibility for the proper disbursement of the funds according the provisions of Indiana law and hereby agree to hold harmless Daviess-Martin County REMC from any liability with regard to the transfer of the patronage account.

(Personal Representative signature)

