

WHITE RIVER VALLEY ELECTRIC COOPERATIVE, INC.

CAPITAL CREDITS CLAIM FORM

MISSING OR DECEASED MEMBERS

By submitting this claim, Claimant affirms that all statements and information included herein and attached hereto are true and accurate. Claimant agrees to indemnify, defend and hold White River Valley Electric Cooperative, Inc. harmless from any and all claims, losses or causes of action, including attorneys fees and litigation expenses, should any legal claim be threatened or filed against the cooperative or any of its officers, employees or agents and relating to the disbursement of capital credits pursuant to this request.

***** NOTARY ATTESTATION REQUIRED ON LAST PAGE OF CLAIM FORM *****

CLAIMANT INFORMATION

Individual

Last Name First Name M.I. Social Security No

Driver's License No

Current Address

Telephone (home) Telephone (work / mobile)

Entity / Business

Company Name Date of Incorporation TIN / EIN

Business Address Business Phone

Please check the box for the time period for which you are making a claim:

- 1950 - 1980 2007 - 2008

This claim is for capital credits owed to: Me Company Family member

Please provide all address(es) where electric service was received during the period(s) you are making a claim.

Address 1: _____

Address 2: _____

Address 3: _____

(Attach an additional sheet if necessary)

If you are claiming capital credits on behalf of a family member, please state your relationship to the member: _____

Was your family member or business a member of the cooperative between 1950 and 1980 or 2007 and 2008? Yes What years? _____

Are you acting under a valid Durable Power of Attorney for the member? Yes No

Are you a court appointed guardian and/or conservator for the member? Yes No

DECEASED MEMBER INFORMATION

Is your family member now deceased? If so, please provide the following information:

Date of Death: _____

Names, addresses and phone numbers of the member's children:

| Name | Address | Telephone No. |
|------|---------|---------------|
|------|---------|---------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Attach an additional sheet if necessary)

Did your family member have a Will? Yes No

Are you the Personal Representative under the Will? Yes No

If not, then who is the Personal Representative? _____

Was an estate opened in Probate Court? Yes No

In what county: _____

Case Number: _____

Was the estate closed? Yes No

Does / Did your family member have a Trust? Yes No

What is the name of the Trust? _____

What is the date of the Trust? _____

Are you the Trustee of the Trust? Yes No

Who are the Trust Beneficiaries? _____

Has the Trust been terminated? Yes No

If so, date of termination: _____

Along with this claim form, you will need to provide the following documents:

Photocopy of your Driver's License **or** State issued Identification Card

In addition, you must include **at least one (1)** proof of your social security number (or EIN for a company claim) from the following acceptable sources:

- | | |
|---|---|
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Pay Stub |
| <input type="checkbox"/> W-2 | <input type="checkbox"/> Bank Statement |
| <input type="checkbox"/> Income Tax Form | <input type="checkbox"/> Certificate of Deposit |
| <input type="checkbox"/> Insurance card | <input type="checkbox"/> U.S. Passport |

You must also include **one (1) proof of address for the member** from the following list of acceptable sources **for each service address** upon which your claim for capital credits is based. This will help validate your claim for the time periods in question:

- | | |
|--|--|
| <input type="checkbox"/> Employment Application | <input type="checkbox"/> School records / transcripts |
| <input type="checkbox"/> W-2 Form | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Income tax form | <input type="checkbox"/> Last Will and Testament |
| <input type="checkbox"/> Letter | <input type="checkbox"/> Trust Agreements |
| <input type="checkbox"/> Phone book, church/club directory | <input type="checkbox"/> Envelope to Claimant with postmark |
| <input type="checkbox"/> City / County tax bill | <input type="checkbox"/> Driving record or registration |
| <input type="checkbox"/> Title to personal property | <input type="checkbox"/> Military records |
| <input type="checkbox"/> Bank statement | <input type="checkbox"/> Birth Certificate of child born at that address |
| <input type="checkbox"/> Cancelled check or deposit slip | <input type="checkbox"/> Credit Report |
| <input type="checkbox"/> Marriage / death certificate | <input type="checkbox"/> Church records |
| <input type="checkbox"/> Divorce decree | <input type="checkbox"/> Closing documents on property sold |
| <input type="checkbox"/> Utility, medical, or insurance bill | <input type="checkbox"/> Other valid governmental record |
| <input type="checkbox"/> Deed, Deed of Trust | |

Finally, to the extent that you have **additional supporting documentation** on your claim as referenced in your Claim Form, please provide us with copies of the following:

- Durable Power of Attorney of the member
- Court Order Appointing a Guardian or Conservator of the member
- Letters of Administration for deceased member
- Court Order Appointing a Personal Representative of the member's estate
- Last Will and Testament or Trust of deceased member
- Death certificate

STATE OF _____)
) SS.
 COUNTY OF _____)

_____, being first sworn upon his/her oath, deposes and states as follows:

That (s)he is the Claimant or person authorized to make this claim for Claimant, that (s)he has read and completed the foregoing Claim Form and states that the information provided is true and accurate to the best of his/her knowledge and belief.

 -Claimant

SUBSCRIBED AND SWORN to before me, the undersigned notary public, this _____ day of _____, 20____.

 Notary Public
 [Stamp / Seal]

Please submit this Claim Form and requested documentation to the business office of White River Valley Electric Cooperative, Inc. by mail to PO Box 969, Branson, MO 65615 and allow at least 6 to 8 weeks for processing. Thank you!