

# 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 attorney's 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 / State

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City                                      State                                      Zip

\_\_\_\_\_  
Telephone (home)                      Telephone (work / mobile)

Entity / Business

\_\_\_\_\_  
Company Name                      Date of Incorporation                      TIN / EIN

\_\_\_\_\_  
Business Address                      Business Phone

Please list the year(s) for which you are making a claim:

\_\_\_\_\_  
Year(s) claimed

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

Name of company or 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 (ie., son/daughter, brother/sister, grandchild): \_\_\_\_\_

Was your family member or business a member of the cooperative for the years you have indicated above and for which you are making a claim?  Yes  No  
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: \_\_\_\_\_

Last address of member (if known): \_\_\_\_\_

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

Name	Address	Telephone No.
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(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 state and 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

If "no" then who is the Trustee? \_\_\_\_\_

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          |

**PRIOR CLAIM FORMS**

Have you submitted a previous claim form?  Yes  No

In what year did you submit a previous claim form? \_\_\_\_\_

The claim was for capital credits owed to:  Me  Company  Family member?

Name of company or family member: \_\_\_\_\_

Did you submit supporting documentation with your form as requested?  Yes  No

Did you keep a copy of your completed form and attached documents?  Yes  No

**PROOF OF MEMBER'S ADDRESS**

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. *The document provided should include a reference to the member's address within the document.* 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 from Claimant                | <input type="checkbox"/> Trust Agreement                         |
| <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 |
| <input type="checkbox"/> Cancelled check or deposit slip     | <input type="checkbox"/> Address                                 |
| <input type="checkbox"/> Marriage / death certificate        | <input type="checkbox"/> Credit Report                           |
| <input type="checkbox"/> Divorce decree                      | <input type="checkbox"/> Church records                          |
| <input type="checkbox"/> Utility, medical, or insurance bill | <input type="checkbox"/> Closing documents on property sold      |
| <input type="checkbox"/> Deed, Deed of Trust                 | <input type="checkbox"/> Other valid governmental record         |

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 **UNLESS** you have previously provided this supporting documentation with a prior claim form:

- 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:  
(Claimant)

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 1518, Branson, MO 65615-1518 and allow at least 12 weeks for processing. Thank you!***