

TRANSFER OF MEMBERSHIP

Please complete this form and return it to Traverse Electric Cooperative Inc. to transfer the membership of the Estate's account to another person. This person will be responsible for the account.

I, THE EXECUTOR OF THE _____ ESTATE DO HEREBY
REQUEST THE TRANSFER OF ACCOUNT _____ WITH THE TRAVERSE
ELECTRIC COOPERATIVE, INC. TO:

NAME

SOCIAL SECURITY NUMBER

ADDRESS

CITY, STATE & ZIP

TELEPHONE NUMBER

WITNESS

EXECUTOR

DATE

**Traverse Electric Cooperative, Inc., PO Box 66, Wheaton, MN 56296
320-563-8616 – 800-927-5443**