Traverse Electric Cooperative, Inc.

P.O. Box 66 Wheaton, Minnesota 56296 A Touchstone EnergysM Partner **★** The power of human connections



Telephone 320-563-8616 Telephone 800-927-5443 FAX 320-563-4863

APPLICATION FOR WITHDRAWAL OF CAPITAL CREDITS BOARD POLICY EFFECTIVE AS OF NOVEMBER 1ST, 1989

I, the undersigned, being duly qualified and acting representative of the estate , decedent, who passed away on , 20	
, decedent, who passed away on, 20_ Who, in his/her lifetime was a member of TRAVERSE ELECTRIC COOPERATIVE INC.; do hereby make application for the payment to me as representative of the following:	,
() OPTION 1: Capital credit payment will be made only at such time as Board of Directors pass a resolution to make a general retirement to all members in the year based on the financial strength of TRAVERSE ELECTRIC COOPERATIVE, IN	ie
AMOUNT of Capital Credits if refunded thru General Retirement \$	
() OPTION 2: Discount Option. To be fair to each generation of members who furnished capital through their patronage, the Board of Directors at their Sept. 18 1989 meeting, passed a policy to retire Capital Credits to deceased patron's estates at 6% present value or discounted basis.	3 th ,
AMOUNT OF Capital Credits if refunded with discount option \$	
Regardless of the "Option" chosen, please give the name and address (that she appear on the check) of the authorized person(s) to receive the Capital Credit paymer Name	
AddressPhoneSocial Security Number	
The option or choice is to be selected by a representative of the estate. Attached here and made part of this application are Letters of Testamentary giving me authority to a as personal representative according to law. I hereby certify that such letters are not full force and effect.	ict
DATEDNAME	_
ADDRESS	
PHONE	

