



Cust # \_\_\_\_\_

Check Amount \_\_\_\_\_

Check number \_\_\_\_\_  
(office use only)

## Early Retirement or Transfer of Capital Credit Application

It is agreed between the Scenic Rivers Energy Cooperative of Lancaster, Wisconsin (hereinafter the "Cooperative") and the undersigned \_\_\_\_\_, as follows:  
(Your name)

### RECITAL

\_\_\_\_\_ of \_\_\_\_\_, a former member of  
(Deceased Member's Name(s)) (City, State)  
Scenic Rivers Energy Cooperative died on \_\_\_\_\_. *A certified copy of the death certificate is attached.* At the time of his/her death, the deceased had capital credits to his/her account on the books of the Cooperative. The undersigned requests: *Please check one option only below.*

☐

**EARLY RETIRMENT:** I request the Cooperative to make early retirement of such capital credits in accordance with the Cooperative Bylaws, and rules of general application adopted by the Cooperative. I accept payment of the discounted present value of the deceased's capital credits which have been calculated in accordance with the rate of interest determined by the Cooperative Board of Directors and applied uniformly to current early retirement of capital credits of deceased members.

I understand the residual amount of a deceased member's capital credits resulting from the discounting provision will be retained by the Cooperative until the provisions of Article IX, Section 5, of the Cooperative's bylaws are applicable. This section of the bylaws relates to the retirement of Patronage Capital on dissolution or liquidation of the Cooperative. The residual amounts of deceased members' capital credits will become subject to retirement in accordance with this bylaw provision.

☐

**TRANSFER:** I request the transfer of the decedent's remaining unretired capital credits. Capital credits will then be refunded annually on a percentage basis until fully distributed.

(continue on back)

## PAYMENT INFORMATION

Only one check will be issued. We do not split checks to multiple parties.

Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

1. I, the undersigned of \_\_\_\_\_ am the duly appointed legal  
(Deceased Member's Name(s))

representative of the estate of the deceased. *Attach to this application are original or photostatic copy of letters that appoint me as such representative.*

2. If no proceeding has been commenced to probate the estate of the deceased, and the undersigned represents that the following persons are the only lawful heirs of the deceased.

List lawful heirs here:

1 \_\_\_\_\_

6 \_\_\_\_\_

2 \_\_\_\_\_

7 \_\_\_\_\_

3 \_\_\_\_\_

8 \_\_\_\_\_

4 \_\_\_\_\_

9 \_\_\_\_\_

5 \_\_\_\_\_

10 \_\_\_\_\_

*Please initial the following:*

\_\_\_\_\_ I hereby agree to indemnify and hold the Cooperative harmless for and from any claim or loss the Cooperative may in any manner suffer by reason of payment to the undersigned of such capital credits.

\_\_\_\_\_ I agree to transmit to any heirs of the deceased not a party to this agreement such heirs' share of such capital credits. The undersigned will indemnify and hold the Cooperative harmless from and against any claims made by heirs not a party to this agreement.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone # \_\_\_\_\_

SS # \_\_\_\_\_

(Estate I.D. number or your Social Security number)