

SIOUX VALLEY SOUTHWESTERN ELECTRIC
PO Box 216 Colman, SD 57017-0216
PO Box 336 Pipestone, MN 56164-0336
PO Box 857 Brandon, SD 57005-0857
1185 Ruud Trail, Ste #4 Hartford, SD 57033

APPLICATION FOR DECEDENT PATRON'S CAPITAL CREDITS

Capital Credit Account Number _____

1. Decedent Patron's Name _____

2. Date of decedent patron's death: _____ SS or Fed ID # _____
(Payments >\$600.00 receive a 1099)

3. Is probate of decedent patron's estate initiated or contemplated? _____

4. Capacity in which undersigned makes this application - (select one & attach necessary document)
 - () **SPOUSE** Attach a copy of the **Death Certificate**

 - () **PERSONAL REPRESENTATIVE OF DECEDENT'S ESTATE** Attach a copy of Letters of Personal Representative (POA papers, a will, or trust papers do not qualify as official court appointment as Personal Representative of the Decedent's Estate).

 - () **RELATIVE** and no probate necessary or contemplated. Relationship to the deceased patron: _____
All children and legal heirs must sign #7 on the back of this Application **AND** attach a copy of the Death Certificate; or, if the Decedent's Estate is less than \$100,000 in SD or \$75,000 in MN, complete a Small Estate Affidavit in accordance with SDCL § 29A-3-1201 or MINN. STAT. § 524.3-1201 **AND** attach a copy of the Death Certificate. (SD/MN affidavit forms available upon request).

 - () **OTHER** and no probate necessary or contemplated. Relationship to the deceased patron: _____
If the Decedent's Estate is less than \$100,000 in SD or \$75,000 in MN, complete a Small Estate Affidavit in accordance with SDCL § 29A-3-1201 or MINN. STAT. § 524.3-1201 **AND** attach a copy of Death Certificate; (SD/MN affidavit forms available upon request.) or, if Decedent's capital credits are subject to a Trust, attach a copy of Certificate of Trust **AND** attach a copy of the Death Certificate.

5. **ELECTION - MUST BE COMPLETED RELATIVE TO ALL DECEDENT PATRONS**

I understand that if capital credits are due the above decedent for the current year, such capital credits will not be allocated until approximately May of the year following the close of said year, and I do hereby elect as follows:

- () I elect to **wait** until the end of the current year and until such time as all of the capital credits due the decedent have been allocated to his/her account on the books and records of the cooperative, at which time I shall receive the discounted/present worth payment for capital credits due the decedent. The allocation process for the current year will be completed approximately during May of the next year.

- () I elect **immediate** retirement of capital credits accumulated by decedent patron on a discounted/present worth basis, and as the result of exercising this option I hereby waive any capital credits that would be assigned to the decedent patron's account for the current year.

- () I elect retirement of capital credits on a **regular schedule** over a period of years based upon such schedule of retirement as shall be adopted by the Board of Directors from time to time. (If your mailing address should change before all payments are issued, please notify the cooperative)

(FORM MUST BE SIGNED & NOTARIZED – SEE OVER)

6. The undersigned hereby represents all of the foregoing information and any information supplied by attachment hereto to be complete and accurate to the best of his or her knowledge. I further understand and agree that all elections made herein are binding and final and shall constitute a waiver of any and all claims for capital credits to which said decedent might otherwise be entitled. I further agree to hold the Cooperative harmless from any liability that may arise out of its retirement of capital credits based upon the elections made herein and the information provided herein.

Dated this _____ day of _____, 20____.

Printed Name: _____

Signature: _____

Mailing address: _____

Telephone #: _____ Email Address: _____

Title/Relationship _____

(State whether Personal Representative or Relationship)
(Send check to above signee ____ or attorney ____)

Check will be made payable to the decedent's estate unless otherwise stated below:

Make check payable to: _____

SS or Fed ID# of above name: _____ (Payments > \$600.00 receive a 1099)

Subscribed and sworn to before me, a Notary Public of the County of _____

State of _____, this _____ day of _____, 20____

(seal)

Notary Public, State of _____

My commission expires _____, _____.

7. **No Probate necessary or contemplated, children/heirs: That it is our specific request that the amount of said capital credits be paid over to the above named proposed payee who is hereby authorized to receive payment in full. IN WITNESS WHEREOF the undersigned have hereunto set their hands the day and year stated.**

DATE

SIGNATURE

ADDRESS

