



***Coweta-Fayette
Electric Membership Corporation***

807 Collinsworth Road • Palmetto, Georgia 30268-9442 • Phone 770-502-0226 • www.utility.org

Attention: Member

Coweta Fayette EMC is an Electric Membership Corporation. Capital Credits are the retained margins remaining at the end of the year at a not-for-profit electric cooperative. Please return this form and the documents to:

**Coweta-Fayette EMC
807 Collinsworth Road
Palmetto, GA 30268-9442
Attention: Capital Credits**

In order to process the Capital Credits for Deceased Patrons application, the account must be inactive, final billed and must have a zero balance.

The application and required documentation must be complete; otherwise, it will be returned. A refund will not be issued until the application and required documentation have been returned to Coweta Fayette EMC. Please allow 60 – 90 days for application to be processed.

Documents Required if NO Will or Will was NOT Probated:

_____ The Application for Deceased Patrons Capital Credits MUST BE signed and notarized.

_____ A certified copy of the death certificate must be attached.

_____ A notarized list of all eligible heirs (if someone other than the spouse is applying.)

_____ And/or Letters of Administration (where the court appoints an administrator.)

Documents Required if the Will WAS Probated:

_____ The Application for Deceased Patrons Capital Credits MUST BE signed and notarized.

_____ A certified copy of the death certificate must be attached.

_____ Letters of Testamentary.

If you have any questions, please call Customer Service at (770) 502-0226.

COWETA-FAYETTE ELECTRIC MEMBERSHIP CORPORATION

807 COLLINSWORTH ROAD • PALMETTO, GEORGIA 30268

APPLICATION FOR DECEASED PATRONS CAPITAL CREDIT

DATE OF APPLICATION _____

1. NAME OF DECEASED PATRON _____
Last First Middle

ADDRESS WHILE A MEMBER _____
Street City State Zip

ADDRESS AT TIME OF DEATH _____
Street City State Zip

2. DATE OF DECEASED PATRON'S DEATH _____
Month Day Year Soc. Security #

3. NAME OF PERSON MAKING APPLICATION _____ **RELATION** _____

ADDRESS OF APPLICANT _____
Street City State Zip

4. DID DECEASED HAVE A WILL _____ **IF SO, WHERE PROBATED** _____
(If answer is NO, Disregard remainder of Item 4) County State

(A) NAME OF EXECUTOR _____ **ADDRESS** _____

(B) HAS EXECUTOR BEEN DISMISSED _____
If not, submit with this application a certified copy of letters testamentary dated within 12 months from date of this application.
(If letters testamentary are attached hereto, the remainder of this application can be disregarded)

5. IF DECEASED HAD NO WILL, WAS THERE AN ADMINISTRATION OF HIS/HER ESTATE? _____

(A) IF YES, NAME OF ADMIN _____ **ADDRESS** _____

(B) IN WHAT COUNTY DID ADMINISTRATION QUALIFY WITH ORDINARY _____
County State

(C) HAS ADMINISTRATOR BEEN DISMISSED? _____
If not, submit with this application a certified copy of letters of administration dated within 12 months from date of this application.
(If letters of administration are attached hereto, the remainder of this application can be disregarded).

6. IF SOMEONE OTHER THAN THE EXECUTOR, ADMINISTRATOR, OR OTHER COURT APPOINTED TRUSTEE MAKES THIS APPLICATION, THEN AN EXPLANATION AS TO THE AUTHORITY OF THE PERSON MAKING THE APPLICATION TO MAKE THE APPLICATION AND TO RECEIVE THE REFUND MUST ACCOMPANY THE APPLICATION.

The undersigned applicant understands and agrees to the following WAIVER: It is the policy of Coweta-Fayette Electric Membership Corporation to make full patronage capital distribution (refund) to estates, or representatives, of deceased members pursuant to Article VI, Section 6.09, of the bylaws of the corporation. This application is for the current capital credit account to be closed and paid out in full.

This payment is premature distribution of non-operating margins. These assigned non-operating margins will be paid at an equivalent rate based on the present worth of those funds, assuming a 20-year cycle at seven percent (7%).

Any further allocations of capital credits to this account will cease at the time of this application for capital credit refund is processed and the refund is paid.

Personally appeared the undersigned applicant who states on oath that all information furnished in the above and foregoing application is true and correct to the best of the information available to the applicant. And the applicant agrees to indemnify and hold Coweta-Fayette Electric Membership Corporation harmless from any liability that may arise out of its retirement of deceased patrons Capital Credits based upon such information furnished by applicant.

This _____ Day of _____

Notary Public Signature (Stamp)

(Seal)

Applicant Signature

Telephone home Telephone work

APPLICANT SHOULD NOT WRITE BELOW THIS LINE

OPM _____

NOM _____

TO WHOM SHOULD CHECK BE MADE (4) _____ (5) _____ ESTATE OF _____

TOTAL CC'S _____

GAINS _____

ATTORNEY _____ DATE _____

REFUND _____



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Deceased Capital Credits Living Descendants

Listed below are the only living, natural born children of _____
Deceased Members Name

Name _____ Phone Number _____

Address _____ City _____ Zip Code _____

Name _____ Phone Number _____

Address _____ City _____ Zip Code _____

Name _____ Phone Number _____

Address _____ City _____ Zip Code _____

Name _____ Phone Number _____

Address _____ City _____ Zip Code _____

Name _____ Phone Number _____

Address _____ City _____ Zip Code _____

Name _____ Phone Number _____

Address _____ City _____ Zip Code _____

This _____ Day of _____, Year _____

Notary Signature _____

(Stamp)