

MEMBERS NAME \_\_\_\_\_

MEMBER ID # \_\_\_\_\_

In order to process the capital credits that have accrued, we need the following information:

1. Death Certificate.
2. Notarized Application Form (enclosed)
3. If applicant is not the spouse, copy of:  
  
Administrative, Legal Representative or a Will naming the Personal Representative of the estate.
4. Membership Application if applicable.

As soon as these items are received, your application will be processed. If you have further questions, please contact the Member Service Department in your local office or the toll free number, 1-800-226-4024.

Sincerely,

Member Service Department

Glades Electric Cooperative, INC  
APPLICATION TO TRANSFER SERVICE AND APPLY FOR CAPITAL CREDITS  
DECEASED MEMBERS

DECEASED MEMBER'S NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**SURVIVING SPOUSE:**

- b. If a personal representative has not been appointed, and the applicant is the surviving spouse, please complete the following information:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Phone Number \_\_\_\_\_

**PERSONAL REPRESENTATIVE:**

- a. If a personal representative had been appointed, please complete the following information and submit copies showing authorization in the form of administrative, legal representative or a will.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Phone Number \_\_\_\_\_

The undersigned person executing this application for capital credits hereby certifies the information contained therein is correct and by executing this application agrees that if Glades Electric Cooperative, Inc. pays the said capital credits based on the information contained herein the undersigned will indemnify and hold Glades Electric Cooperative, Inc. harmless against any future claims to the capital credits of the said deceased member.

The undersigned surviving spouse, administrative, or representative of the estate executing this application hereby authorized Glades Electric Cooperative, Inc. to transfer the deceased membership to the party mentioned above.

NOTICE: This application cannot be processed unless all requested information is furnished and a death certificate is provided. Processing time after all information received is approximately two months.

Signature of Applicant: \_\_\_\_\_

The above named person signed this application before me and is \_\_\_\_\_ personally known to me or produced ID# \_\_\_\_\_.

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name

(SEAL)  
Commission Expires: \_\_\_\_\_