

## CAPITAL CREDITS CLAIM FORM INACTIVE ACCOUNT – INDIVIDUAL(S)

My County of Residence is: Printed	REMC Customer	Number:			
Number   Address   City   County   Years of Service   Please use the back of this page for any additional service locations	Name(s) per RE	MC Records:			
Number   Address   City   County   Years of Service   Please use the back of this page for any additional service locations	Service Location	1:			
Current Mailing Address and Contact Information:    Address			City	County	Years of Service
Home Phone   Cell Phone   Email Address		(Please use the	e back of this page for any additional	service locations)	
Home Phone   Cell Phone   Email Address	<b>Current Mailing</b>	Address and Contact In	formation:		
	Address		City	State	Zip
1. I/We attest to the fact that I/we were former member(s) of Jackson County Rural Electric Membership Corporation and legally entitled to claim ownership of the capital credit allocations for the service locations listed, the years of service listed, and warrant that all information supplied is true and correct.  2. I/We understand that the refund will be reduced by any outstanding sums owed to Jackson County REMC.  3. I/We will be responsible for properly distributing the capital credit refund to any parties who may be entitled to a portion of the proceeds.  4. I/We agree to indemnify, defend, and hold the Jackson County Rural Electric Membership Corporation harmless fror and against any subsequent claims by any person or persons regarding payment of the capital credits.  5. I/We understand that this form will be disclosed to any individual who makes any subsequent claim or demand upo the capital credits being claimed hereunder.  Claimant Signature  Claimant Signature  Social Security Number  Joint Claimant Signature (Spouse)  Social Security Number  Social Security Number  Joint Claimant Printed Full Name (Spouse)  (NOTE: If one of the joint members is deceased, please indicate above and the surviving spouse may sign and return the claim form.)  STATE OF	Home Phone	Cell Phone	Email Address		
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Claimant Printed Full Name  Joint Claimant Signature (Spouse)  Social Security Number  Date  (NOTE: If one of the joint members is deceased, please indicate above and the surviving spouse may sign and return the claim form.)  STATE OF	<ol> <li>I/We unde</li> <li>I/We will l portion of</li> <li>I/We agree and agains</li> <li>I/We unde</li> </ol>	erstand that the refund will be responsible for properly the proceeds. The indemnify, defend, and it any subsequent claims by erstand that this form will be	be reduced by any outstanding solution distributing the capital credit result the lackson County Rural E any person or persons regarding disclosed to any individual when the lackson the lackson to any individual when the lacks	sums owed to Jackson Cou efund to any parties who n Electric Membership Corpo ng payment of the capital c	nay be entitled to a pration harmless from credits.
Joint Claimant Printed Full Name (Spouse)  Date  (NOTE: If one of the joint members is deceased, please indicate above and the surviving spouse may sign and return the claim form.)  STATE OF	Claimant Signature			Social Security Number	
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(NOTE: If one of the joint members is deceased, please indicate above and the surviving spouse may sign and return the claim form.)  STATE OF	Joint Claimant Signature (Spouse)			Social Security Number	
SS:  COUNTY OF					
and acknowledged the execution of the forgoing "Current or Former Member Name and/or Address Change Form". He/she is personal known to me or has produced as identification:  (Type of photo ID)  WITNESS my hand and Notarial Seal this day of, 20  My Commission Expires:  Signature  Notary Pul  My County of Residence is:  Printed	COUNTY OF	) SS: )	and Charles are also also also also also also also also		
WITNESS my hand and Notarial Seal thisday of, 20  My Commission Expires: Signature Notary Pul  My County of Residence is: Printed	and acknowledged tl	he execution of the forgoing "	'Current or Former Member Name	and/or Address Change For	
My County of Residence is: Printed	WITNESS my hand ar	nd Notarial Seal this day of			
Printed	My Commission Expi	res:	Signature		Notary Public
	My County of Resider	nce is:	Printed		
FOR OFFICE USE ONLY: RECEIVED DATE ADDRESS CODE UPDATED COMPLETED DATE EMP. INITIALS	FOR OFFICE USE OF	NLY: RECEIVED DATE A	DDRESS CODE UPDATED COMPL	ETED DATE EMP. INI	TIALS