



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

REMC Customer Number: \_\_\_\_\_

Name(s) per REMC Records: \_\_\_\_\_

Service Location:	Number	Address	City	County	Years of Service
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*(Please use the back of this page for any additional service locations)*

### Current Mailing Address and Contact Information:

Address	City	State	Zip
Home Phone	Cell Phone	Email Address	

### I/We hereby certify and declare that:

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 from 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 upon the capital credits being claimed hereunder.

Claimant Signature	Social Security Number
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Claimant Printed Full Name	Date
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Joint Claimant Signature (Spouse)	Social Security Number
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Joint Claimant Printed Full Name (Spouse)	Date
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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 \_\_\_\_\_ )  
   ) SS:  
 COUNTY OF \_\_\_\_\_ )

Before me, a Notary Public, in and for said County and State, personally appeared \_\_\_\_\_  
 and acknowledged the execution of the forgoing "Current or Former Member Name and/or Address Change Form". He/she is personally  
 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 Public
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My County of Residence is: \_\_\_\_\_

Printed	
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**FOR OFFICE USE ONLY:** RECEIVED DATE \_\_\_\_\_ ADDRESS CODE UPDATED \_\_\_\_\_ COMPLETED DATE \_\_\_\_\_ EMP. INITIALS \_\_\_\_\_