

JACKSON ENERGY COOPERATIVE CAPITAL CREDIT RETIREMENT APPLICATION

Return application and required documentation to:

Jackson Energy Cooperative
115 Jackson Energy Lane
McKee, KY 40447

In the matter of the estate of _____, deceased.

I, _____, state that I am the surviving spouse and/or personal representative of the estate of _____, deceased, as shown by the certified death certificate and/or attested copy of order of appointment attached hereto. The deceased was a member patron of Jackson Energy Cooperative, and as the surviving spouse and/or personal representative of the estate, I request that Jackson Energy Cooperative make payment to me on behalf of said estate all capital credits belonging to the estate. As the surviving spouse and/or personal representative, I agree to indemnify and hold harmless Jackson Energy from any and all liability incurred on account of making said payment of capital credits.

It is agreed that any amount due to Jackson Energy for service to said patron shall be deducted from the above amount due in the form of capital credits.

This _____ day of _____, 20____*

Spouse/Administrat__/Execut__ Signature: _____

Co-Signature (if applicable): _____

Spouse/Administrat__/Executr__ Address: _____

**This application will be considered VOID after one-year from date noted above if all required documents are not received by Jackson Energy Cooperative and/or if required actions are not yet completed.*

Do not fill in the part below. For administrative use only.

Account Number(s): _____

Membership:

Applied

Transferred to Spouse:

Acct. #: _____

County Code

Disconnect
Date

Total: _____

Less Bills Due: _____

U/A Balance Due: _____

Net Refund: _____

Check #: _____