



**Berkeley Electric
Cooperative**

Your Touchstone Energy® Cooperative 

REQUEST FOR DECEASED PATRONAGE

DATE:

NAME OF LEGAL REPRESENTATIVE:	
Legal Representative MbrSep #	
Legal Representative Contact Number:	

Mailing Address: _____

YOU HAVE REQUESTED CAPITAL CREDIT PAYMENT IN THE NAME OF:

Name:	Mbr#:	Date of Death:

IN ORDER FOR US TO COMPLY WITH YOUR REQUEST, THE SERVICE MUST BE DISCONTINUED IN THE DECEASED MEMBER'S NAME AS OF THE DATE OF DEATH. THE FOLLOWING DOCUMENTS, MUST BE SUBMITTED BEFORE CAPITAL CREDIT PAYMENT WILL BE MADE.

- () OFFICIAL COPY OF THE DEATH CERTIFICATE. [Initial _____]
- () DISCONNECT DECEASED MEMBER'S ACCOUNT. [Initial _____]
- () CAPITAL CREDIT ADDRESS UPDATED ON DECEASED MEMBER'S ACCOUNT. [Initial _____]
- () DATE OF DEATH UPDATED ON DECEASED MEMBER'S ACCOUNT. [Initial _____]
- () NAME OF PERSON WHO CONTINUES THE ACCOUNT {If applicable}. [Initial _____]
- () NEW MEMBERSHIP AND DEPOSIT PAID; IN THE NAME OF PERSON CONTINUING THE ACCOUNT. EXCEPTION – SURVIVING SPOUSE. {If applicable} [Initial _____]
- () NEW MEMBER/SEP NUMBER ASSIGNED TO PERSON CONTINUING THE ACCOUNT {If applicable}. [Initial _____]
- () A NOTARIZED AFFIDAVIT OF LEGAL REPRESENTATION OF ESTATE (COPY ATTACHED). [Initial _____]
- () REQUEST FOR CAPITAL CREDIT PAYMENT SIGNED BY THE LEGALLY AUTHORIZED EXECUTOR/ADMINISTRATOR OF THE ESTATE. COPY ENCLOSED HEREWITH. [Initial _____]

UPON RECEIPT OF THE ABOVE, THIS ACCOUNT WILL BE PROCESSED FOR PAYMENT.

Sincerely,
Berkeley Electric Cooperative, Inc.

Berkeley Electric Cooperative, Inc.
PO Box 1234
Moncks Corner SC 29461-1234

State of South Carolina)
)
County of: _____)

AFFIDAVIT

WHEREAS, Berkeley Electric Cooperative, Inc. is holding as capital credits due and owing to the estate of:
_____ and

WHEREAS, I, _____, do hereby Certify to Berkeley Electric Cooperative, Inc., that I am the legal representative of the estate of _____ and do hereby assume the sole and complete responsibility for the proper distribution of the capital credit refunds to the appropriate heirs, it is therefore,

AGREED that I, _____, as legal representative of the estate of _____, and do hereby certify and affirm to Berkeley Electric Cooperative, Inc. that I will be solely and personally responsible for the proper distribution of the capital credits held by Berkeley Electric Cooperative, Inc. for the account of _____.

Any payment of Capital Credits prior to the normal retirement schedule will result in a discounted amount pursuant to a formula established by Berkeley Electric Cooperative, Inc. I understand that I have the option of continuing with the normal pay-out schedule, which will not result in a discounted total payment. I choose the following schedule:

_____ Discounted Lump Sum
_____ Normal Retirement Payment Schedule

I do further certify that I agree to protect and hold the Cooperative harmless from any and all liability that may result as a condition of the payment of the capital of the above stated capital credits to me.

I DO HEREBY AFFIRM THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT BASED ON MY PERSONAL KNOWLEDGE OF THE FACTS SET FORTH HEREIN.

(Legal Representative)

SWORN to before me this
_____ Day of _____, 20 _____.

MY COMMISSION EXPIRES: _____

REQUEST FOR CAPITAL CREDIT PAYMENT OF DECEASED MEMBERS

I hereby request that Berkeley Electric Cooperative, Inc., authorize all capital credits belonging to:
_____ Deceased, paid to: _____
legally authorized executor. Due proof of death of member/consumer is attached.

**APPROVED: BOARD RESOLUTION
BY-LAW**

ARTICLE VII, SECTION (2)
CDW 3/91, ABL 3/14, ABL 4/15

BEC 078 9/82 ^{Rev 4/99} Pg 2

(Signature)

(Date)