



**JACKSON ELECTRIC
COOPERATIVE**

**Election to Retire or Assign Capital
Credits of Deceased Member:
Application by Estate**

Your Touchstone Energy® Cooperative 

N6868 County Road F • Black River Falls, WI 54615 • 715.284.5385 • 800.370.4607 • Fax 715.284.7143

MEMBER NUMBER _____

RE: ESTATE OF _____ (please print), **DECEASED**

The undersigned _____, being first duly sworn under oath, deposes and states as follows:

1. He/she is the (check as applicable): personal representative attorney for the Estate of the decedent.
2. The above-named decedent was a member of Jackson Electric Cooperative (“Cooperative”), taking electric service at _____, in the Town of _____, County of _____, whose date of death was _____, 20____. **A certified copy of the death certificate is attached.**
3. At the time of his/her death, decedent had credited to him/her on the books of the Cooperative patronage capital representing an ownership interest in the Cooperative, having a face value of \$ _____.
4. The undersigned requests that the Board of Directors approve the following request (check applicable):
 - ASSIGNMENT** (*An assignee must be a successor in interest or occupancy to all or part of the decedent’s premises served by the Cooperative.*)

Transfer and assignment of the property of the decedent held by the Cooperative to be held on the books of the Cooperative in the name(s) of the below designated heir(s), in an amount equal to the face value of patronage capital credited to the decedent as of the date of death. If more than one eligible assignee is listed, the assignment shall be in equal fractional shares, unless otherwise specified. Refunds of patronage capital credits shall be made in the manner, method, timing, and amount approved by the Board of Directors in accordance with Cooperative Policy 210, as may be amended from time to time.

The information provided will be updated on the member record.

Full Name:		
Address:		
Social Security Number:		Date of Birth:
Phone Number:	Cell Number:	Work Number:
Email Address:		
Relationship to Decedent:		
Full Name:		
Address:		
Social Security Number:		Date of Birth:
Phone Number:	Cell Number:	Work Number:
Email Address:		
Relationship to Decedent:		

EARLY RETIREMENT

Payment to the undersigned, as authorized representative of the Estate, of the discounted present value of the amount of patronage capital credited to the decedent on the books of the Cooperative at the date of death, at a discount rate as determined by the Board of Directors in accordance with Cooperative Policy 210, as may be amended from time to time. The undersigned hereby assigns to the Cooperative the difference between the face value of the decedent's capital credit account and any cash payment made in accordance with this application.

Name check should be written out to:	
Mailing address check should be sent to:	
Phone Number:	Email Address:
Any additional comments:	

5. The undersigned agrees and acknowledges that: (1) all debts owed by the decedent have been paid, or if not paid, that any assignment or payment authorized hereunder shall be net of amounts due to the Cooperative; and (2) the election as provided herein is a complete disposition of all ownership interest of said decedent in the Cooperative.

This application is submitted on personal knowledge in the affiant's official capacity with respect to the Estate of the decedent, in the probate court for the County of _____, State of _____, Case No. _____.

Applicant Signature: _____

Print Name: _____

Date: _____

STATE OF WISCONSIN)

SS.

COUNTY OF)

Personally came before me this _____ day of _____, 20____,

the above-named _____ to me known to be the persons who
executed the foregoing instrument and acknowledged the same.

Notary Public, _____ County, Wisconsin

My Commission Expires: _____

FOR OFFICE USE ONLY:		
Account No:	Delinquency Set-Off \$:	
Date of Board Approval:	Process Date:	Processed By:

Jackson Electric Cooperative is an equal opportunity provider and employer.