

**UNCLAIMED CAPITAL
CREDITS REQUEST
FORM**



TCEC Account Number (if known): _____

Member Name per TCEC Records: _____

Member Name, if different from above: _____

Last four of Social Security Number: _____

Current Mailing Address: _____

Phone: _____ Email: _____

Business Membership

Organization name: _____

Tax ID: _____

I hereby certify that:

- I attest to the fact that I am a member or former member of Tri-County Electric Cooperative (TCEC) and/or legally entitled to claim ownership of the capital credit allocations for this account and warrant that all information supplied is true and correct.
- I understand that the refund will be reduced by any outstanding sums owed to TCEC.
- I will be responsible for properly distributing the capital credit refund to any parties who may be entitled to a portion of the proceeds.

- I agree to indemnify, defend, and hold TCEC harmless from and against any subsequent claims by any person or persons regarding payment of the capital credits.
- I understand that this form will be disclosed to any individual who makes any subsequent claim or demand upon the capital credits being claimed hereunder.

Member Signature

Claimant Signature: _____ Date: _____

Claimant Printed Name: _____

Notary Acknowledgement

STATE OF _____)
) SS:
 COUNTY OF _____)

The foregoing instrument was acknowledged before me on _____ (date) by _____ (name(s) of person(s)).

(Seal, if any)

 Signature of Notarial Officer

 Title (and Rank)

My commission expires: _____

Return this form to:

TCEC, P.O. Box 880, 995 Mile 46 Road, Hooker, OK 73945
 Phone: 580-652-2418, Email: info@tcec.coop, Fax: 580-652-3290

Office Use Only

Date Received: _____ Received by: _____

Date Processed: _____