



**Missoula
Electric
Cooperative inc.**

Your Touchstone Energy® Cooperative 

1700 W. Broadway
Missoula, MT 59808

406/ 541-4433
FAX: 406/ 541-6318
1-800-352-5200
www.missoulaelectric.com

MISSOULA ELECTRIC COOPERATIVE

To make application for payment of capital credited to the account of a deceased member of Missoula Electric Cooperative, the following principles apply:

If deceased has a Will and it has been or will be admitted to probate, the appointed representative must request payment in the name of the estate and accompany the request with a certified copy of his/her appointment;

If deceased has no Will, but a representative will be appointed to administer the estate, the appointed representative must request payment in the name of the estate and accompany the request with a certified copy of his/her appointment.

If the account of the deceased is carried on the books of the Cooperative as a joint account, in the name of another person (spouse) or persons, together with the deceased, the *survivor(s)* must request payment in his/her name(s), by right of survivorship, in which event only deceased's fractional interest ($\frac{1}{2}$, $\frac{1}{4}$, etc.) will be retired or paid;

A copy of the death certificate should accompany all requests for payment of Capital Credits;

If deceased member has an active account with the Cooperative, the account will be taken out of deceased's name and final bill must be paid before Capital Credits will be retired.

We enclose a form for use in making such request. In completing this form, be sure to identify your relationship to the deceased (surviving spouse, child, joint tenant), and if there are other heirs equally entitled to the capital credits, explain your right to receive the funds on their behalf if such is the case: if not, we will need their consent to make payment to you.

If there are questions on the information required to honor your request for payment, please contact the office.



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To: The Board of Trustees
Missoula Electric Cooperative, Inc.
1700 West Broadway
Missoula, Montana 59808-2099

Name of deceased _____
Date of death _____
Name of Joint Tenant or P.R. _____
Address of Joint Tenant or P.R. _____
City, State, Zip Code _____
Amount of Capital Credits available for payment _____

The undersigned, legal representative of this estate or surviving joint tenants or authorized beneficiary by law of succession, testate or intestate, request payment be made to the undersigned of the capital credited to said deceased's account, while a patron of the Cooperative, or a proper portion thereof, in order to settle the estate;

In consideration of such payment, the undersigned agrees to be held firmly bound to the Cooperative, in such amount, and to indemnify and save harmless, Missoula Electric Cooperative, Inc. against further claims or loss or expense on account of the payment herein requested.

This application is made under provisions of Article VII, Section 2, Paragraph 4, of the By Laws of Missoula Electric Cooperative, Inc. as amended.

Dated this _____ day of _____, 200_____.

STATE OF _____)
:ss.
COUNTY OF _____)

On the _____ day of _____, 200_____, before me, the undersigned, a Notary Public for the aforesaid State, personally appeared _____ and said signatory was either known or verified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year first above written.

Notary Public for the State of _____
Residing at _____
My Commission Expires: _____