

# Estate Capital Credit Retirement Application

State of Minnesota

County of \_\_\_\_\_

RE: CC# \_\_\_\_\_

Affiant, being first duly sworn, deposes and states:

1. Affiant resides at \_\_\_\_\_  
(Address)

(City)

(State)

(Zip)

Telephone Number ( ) \_\_\_\_\_

2. Name of deceased \_\_\_\_\_ died on \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
having Social Security Number \_\_\_\_\_;

(Please return form with either *an original or photocopy* of the death certificate)

**MVEC IS REQUIRED TO REPORT ANY CAPITAL CREDIT PAYMENT OVER \$600 TO YOU AND THE IRS PLEASE CONSULT WITH YOUR TAX ADVISOR TO DETERMINE YOUR TAX LIABILITY**

3. Affiant is the

Surviving Spouse

Personal Representative

Heir Representative

Other (Specify) \_\_\_\_\_

of the above identified decedent;

4. Affiant requests that the Capital Credits be paid to affiant, even though such payment may or may not be specifically authorized by Statute,

5. Affiant hereby agrees to distribute the Capital Credits to the person(s) who are entitled to receive such Capital Credits in the estate of the decedent;

6. Affiant hereby agrees to indemnify the cooperative if any claim is made by any person(s) having a superior right to the Capital Credits.

FURTHER AFFIANT SAYETH NOT.

Dated: \_\_\_\_ / \_\_\_\_ / 2014\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or print name

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2014\_\_.

\_\_\_\_\_  
**Signature of Notary Public**

### Indicate Choice

(A) Continue payout of Capital Credits on a schedule determined yearly by the Board of Directors.

(B) Process estate account for a discounted lump sum payout.

\* Please remember to attach **an original or photocopy** of the death certificate when returning this document \*

Return to:

MVEC  
Attn. Capital Credits Department