

# REQUEST FOR UNCLAIMED CAPITAL CREDITS

## MEMBER INFORMATION

NAME:

CURRENT ADDRESS:

PHONE NUMBER:

SOCIAL SECURITY NUMBER:

BIRTHDATE:

PREVIOUS ADDRESS:

ACCOUNT NUMBER (if known):

## REQUESTOR INFORMATION *(If different from above)*

NAME:

PHONE NUMBER:

THE UNDERSIGNED PERSON HEREBY STATES THAT THE COOPERATIVE PAY THE CAPITAL CREDITS OF SUCH MEMBER TO THE UNDERSIGNED, WHO IS ENTITLED TO SUCH CAPITAL CREDITS AND IS RELATED TO SUCH MEMBER AS FOLLOWS:

\_\_\_\_\_ SELF

\_\_\_\_\_ REPRESENTATIVE (POA, Court Appointed, Surviving Spouse, etc)

(Include court documents and copy of death certificate if applicable)

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

THE UNDERSIGNED REQUESTS THAT THE CAPITAL CREDITS BE PAID TO THE UNDERSIGNED EVEN THOUGH SUCH PAYMENT MAY OR MAY NOT BE SPECIFICALLY AUTHORIZED BY STATUTE, AGREES TO DISTRIBUTE THE CAPITAL CREDIT TO THE PERSON(S) WHO ARE ENTITLED TO RECEIVE SUCH CAPITAL CREDITS AND AGREES TO INDEMNIFY THE COOPERATIVE IF ANY CLAIM IS MADE BY ANY PERSON(S) HAVING A SUPERIOR RIGHT TO THE CAPITAL CREDITS.

SIGNATURE

DATED

Return form to MVEC via email or mail and MVEC will contact you once this form has been received and reviewed. If you have questions please contact our Capital Credit Department at: 800-282-6832 or 952-492-2313. **All requests must be submitted to MVEC by January 31, 2019.**

[capitalcredits@mvec.net](mailto:capitalcredits@mvec.net)

Minnesota Valley Electric Cooperative  
Attn: Capital Credit Department  
125 Minnesota Valley Drive | Jordan, MN 55352

