

BARC ELECTRIC COOPERATIVE

Milboro, VA 24460-0264

1-800-846-2272

APPLICATION FOR REFUND OF CAPITAL TO THE ESTATE OF A DECEASED MEMBER

_____	_____
Name of Deceased	Exact Date of Death
_____	_____
Your Name	Your Complete Address
	(Use this and next line)
_____	_____
Your Relationship to the Deceased	Your Complete Address

I. My official interest in the above estate is as (check one):

A. Administrator or Executor of the Estate _____

B. Devisee of Personal Property by Decedent's Will _____

C. Heir-at-law or Rightful Recipient _____

II. If you checked A above, see instructions under Part III only.

If you checked B above, see instructions under Part IV only.

If you checked C above, see instructions under Part V only.

III. Administrators and Executors:

Send this form to us along with a copy of your Certificate of Qualification.

IV. Devisee of Personal Property by Decedent's Will:

Send this form to us along with a photo copy of the Decedent's Last Will and Testament

V. Heir-at-law or Rightful Recipient:

When there is no administrator or executor of the estate, and there will be none, it is possible to refund capital balances totaling less than \$5,000.00. Such refunds can be made to an heir-at-law or other rightful recipient of the deceased after a waiting period of 120 days following the date of death. Complete and return all forms.

OFFICE USE ONLY:

Approved Date _____

Accounts _____

Refund Patronage Capital Balance \$ _____

Discounted Amount \$ _____

Gains: \$ _____

Member No. _____

Membership Fee: \$ _____

Balance: \$ _____

debit or (credit)

Refund Only _____

Reassignment Only _____

Refund & Reassignment _____

Refund & Redistribute _____

TOTAL REFUND: \$ _____ CHECK NO. _____ DATE: _____

BARCELECTRIC COOPERATIVE
MILLBORO, VIRGINIA

REASSIGNMENT OF CAPITAL CREDITS
Pursuant to Policy Bulletin No. 209

Pursuant to the Policy Bulletin No. 209, the undersigned does hereby request the
Cooperative to reassign the capital credits for Account(s) _____
standing in the name of _____
to Account _____ in the name of _____
a member in good standing with the Cooperative, whose address is _____

The reassignment is made by the undersigned pursuant to the following (check one):

- (a.) From deceased member to surviving spouse or heirs
- (b.) From dissolved corporation to owners
- (c.) From dissolved partnership to successor partnership
- (d.) From bankrupt member per order of the court
- (e.) From member to successor incorporated business

Applicant

NOTE:

Applicant should attach evidence of authority for reassignment, e.g., for:

- (a) Certificate of Qualification, or if no qualification, affidavit stating no qualification and affidavit as to heirs of decedent
- (b) Attested copy of corporate resolution
- (c) Attested copy of partnership resolution
- (d) Attested copy of court order
- (e) Statement of member, plus copy of charter or corporate resolution

RELEASE

By signing this release form, I represent there was no qualification of a personal representative for the estate of _____, deceased and there will be none.

I understand that the capital credits payable to the estate of _____, will be paid to me in accordance with and pursuant to Section 56-224-F of the Code of Virginia.

I also understand that this form releases BARC Electric Cooperative from any further claim on this account.

Given under my hand this _____ day of _____ 20_____.

Signature

Witness

BARC ELECTRIC COOPERATIVE
MILLBORO, VIRGINIA
1-800-846-2272

Refund of Patronage Capital

BARC Electric Cooperative offers its customers two convenient options for receiving estate retirement payments. The first option is to take a discounted lump sum payment using a present value calculation. The second option is to receive annual refunds each December as our Board of Directors approves the same.

Please make your selection below, and return to us with your other Capital Refund Forms. If you have any questions regarding your two options, please feel free to call Biz Pritt, Billing Coordinator, at (800) 846-2272.

Please check one of the following to specify type of refund:

_____ Lump Sum Payout _____ Annual Refund

Please check one of the following to specify to whom the check should be written:

_____ Executor of the Estate _____ Estate of Deceased Member

Signature _____

Date _____