



BARC ELECTRIC COOPERATIVE  
Millboro, 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
_____ Phone	_____ Email

**I. My official interest in the above state 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 Recipients

**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 photo 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 of Rightful Recipient:**

When there is no administrator or executor of the state, and there will be none, it is possible to refund capital balance totaling less than \$5000.00. 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.

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**OFFICE USE ONLY:**

Approved Date \_\_\_\_\_

Accounts \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Member No. \_\_\_\_\_

Refund Patronage Capital Balance \$ \_\_\_\_\_

Discounted Amount \$ \_\_\_\_\_

Gains: \$ \_\_\_\_\_

Membership Fee: \$ \_\_\_\_\_

Balance: \$ \_\_\_\_\_

debit or (credit)

Refund Only \_\_\_\_\_

Reassignment Only \_\_\_\_\_

Refund & Reassignment \_\_\_\_\_

Refund & Redistribute \_\_\_\_\_

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



BARC ELECTRIC 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 Signature

**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 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\_\_\_\_.

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Signature

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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 **Member Service Representative at 1-800-846-2272.**

**\*Please include a copy of the death certificate along with the completed paperwork\***

Please check one of the following to specify the 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