



242 24th Ave. N.W. PO Box 1208 Norman, OK 73070 (405) 321-2024 Fax (405)217-6900

CERTIFICATION OF ENTITLEMENT TO OKLAHOMA ELECTRIC COOPERATIVE CAPITAL CREDITS

I, \_\_\_\_\_, hereby make claim to the capital credits assigned by Oklahoma Electric Cooperative to the account of \_\_\_\_\_.

DECEASED SSN \_\_\_\_\_ DOB \_\_\_\_\_ DOD \_\_\_\_\_

I certify that:

- 1) I am the party legally entitled to claim ownership of these capital credits payments because \_\_\_\_\_;
2) I will be responsible for the distributing the capital credits claimed in accordance with any predetermined agreements of the business to which they were assigned, or the will of the deceased member;
3) I will indemnify, defend and hold Oklahoma Electric Cooperative harmless against any subsequent claims to or for these capital credits payments;
4) I understand that a copy of this certification statement will be released to any party making subsequent claims to these capital credits;
5) I will be required to provide a certified copy of the death certificate to Oklahoma Electric Cooperative, if the member eligible for capital credits is now deceased.

SIGNATURE OF CLAIMANT \_\_\_\_\_ DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER OR FEDERAL ID \_\_\_\_\_
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_
PHONE NUMBER(S) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ACKNOWLEDGMENT

STATE OF OKLAHOMA )
) SS.
COUNTY OF \_\_\_\_\_ )

Before me \_\_\_\_\_, in and for this state, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ to me known to be the identical person(s) who executed the within and foregoing instrument, and acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ free and voluntary act and deed for the uses and purposes therein set forth.

Notary Public
My commission expires: \_\_\_\_\_