**Incomplete forms cannot be processed.**

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OKLAHOMA ELECTRIC COOPERATIVE

Your Touchstone Energy® Cooperative

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
(PLEASE PRINT FULL NAME)
Electric Cooperative to the account of _____ .
(NAME OF DECEASED AND/OR NAME OF BUSINESS OF DECEASED)

_____ _____ _____
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 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

_____ _____
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:_____**