INSTRUCTIONS: PLEASE SAVE THIS PAGE TO YOUR COMPUTER. PLEASE READ AGREEMENT, COMPLETE ALL FIELDS, AND SAVE. REOPEN THE DOCUMENT TO DOUBLECHECK THAT ANY CHANGES HAVE BEEN SAVED. THEN, EITHER:
-EMAIL TO MOR-GRAN-SOU ELECTRIC COOPERATIVE AT INFO@MORGRANSOU.COM OR
-MAIL TO MOR-GRAN-SOU ELECTRIC COOPERATIVE, INC., PO BOX 297, FLASHER, ND 58535-0297.

MOR-GRAN-SOU ELECTRIC COOPERATIVE, INC.
P.O. BOX 297
FLASHER, ND 58535-0297
PHONE: 701-597-3301, 701-663-0297 or 1-800-750-8212

ESTATES

REQUEST FOR EARLY RETIREMENT OF CAPITAL CREDITS

If you are requesting an early retirement of capital credits to an estate, please complete this form and return it to our office along with a copy of the Court Order authorizing you to act as executor or personal representative of the estate.

The first $100 of retirement will be at face value and the remaining value will be discounted on the basis of the interest rate the Cooperative would pay if it needed to secure debt to retire the capital credits early.

1. Name of deceased member: _____
2. Social Security number:_____
3. Name of any surviving spouse:_____
4. Name of personal representative:_____
   Address:_____

On behalf of the estate, I hereby request an early retirement of the deceased's capital credits and agree to accept the discounted amount established by the Board.

_____ _____
Date Signature of Personal Representative

FOR COOPERATIVE USE ONLY

Member No:_____
Check No:_____
Disconnect date:_____

Capital credits earned: $_____
Other debits/credits: $ _____
Discounted Value: $_____
Balance approved for refund: $_____