

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.
PO BOX 297
FLASHER ND 58535-0297
Phone: 701-597-3301 OR 1-800-750-8212

80+ RETIREMENT

REQUEST FOR EARLY RETIREMENT OF CAPITAL CREDITS

If you are requesting an early retirement of capital credits based on reaching age 80, please complete this form and return it to our office along with **a copy of your driver's license or birth certificate verifying your birth date**. This is a one-time option, and all future capital credit allocations will be refunded under the general retirement procedure or estate procedure.

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 member: _____

Address: _____

2. Social Security number: _____

3. Date of 80th birthday: _____

I hereby request an early retirement of my present capital credits and agree to accept the discounted amount established by the Board.

Date

Signature of Member

For Cooperative Use Only

Member #: _____

Capital Credits Earned: \$ _____

Check #: _____

Discounted Value: \$ _____

Balance approved for refund: \$ _____

Comments: _____