Incomplete forms cannot be processed.

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)

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.
6) I understand that for any capital credit allocation over $500.00 I will be required to submit a copy of the Letters of Administration for the estate of the decedent as proof of eligibility to receive the capital credit.

_____ _____
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:
_____