

FEDERATED RURAL ELECTRIC ASSOCIATION
Jackson, Minnesota
REQUEST FOR INFORMATION CONCERNING DECEASED MEMBER

RE: _____ SOC SEC # _____
(Deceased Member Name)

To enable you to make application for payment of capital credits belonging to the above name deceased member, it is necessary that you furnish us with the following information:

1. Date and place of death _____
2. Was decedent's estate probated? _____ If NO, skip to Section 3.
If YES, please provide a copy of the Letters of Administration or Letters Testamentary and a copy of the death certificate. Payment will be made payable to: _____ whose mailing address is _____
_____ and SS# or Federal ID # is _____. Complete Section 4 below.

OR ASSIGN THE FEDERATED CAPITAL CREDITS TO:

2a. Name: _____
whose mailing address is _____

3. Please complete the Affidavit for Collection (see attached).

4. THE G & T CAPITAL CREDITS (from our suppliers) shall be assigned to (check choice):

____ Name: _____
whose mailing address is: _____

____ FEDERATED RURAL ELECTRIC TRUST OF JACKSON, MN. THIS MONEY WOULD THEN BE DISTRIBUTED WITH OUR OPERATION ROUNDUP FUNDS TWICE A YEAR.

Dated: _____

I hereby certify that the foregoing information is true and correct.

Informant/Estate Personal Representative

Phone Number

I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Attorney (if any)

Phone Number