

**PATRONAGE CAPITAL ACCOUNT, MEMBERSHIP FEE RELEASE,
SETTLEMENT and INDEMNITY AGREEMENT**

The undersigned person, having been duly sworn, states upon oath as follows:

1. That _____ of _____ County, _____, died on the ____ day of _____ 20 ____,
and left surviving him/her the following named heir, devisee or otherwise:

Testate (with a will)

Intestate (without a will)

Name _____

Address: _____

Relationship to Deceased: _____

City ST Zip: _____

Social Security Number: _____

Phone Number: _____

2. That, at the time of death, said decedent was entitled to certain capital credited to the deceased patron's patronage capital account with Sumter Electric Cooperative, Inc., and/or membership fees and/or deposits.

3. **Please select one of the following:**

That the assets of the said estate of said decedent, excluding said capital credits, are sufficient to pay all just claims, that no probate proceedings have been instituted, that there will be no probate proceedings of said estate, and, further, that there are no debts of said estate now owing, (There is NO debt owed by the deceased member and there is NO legal proceeding in probate.)

or

That the applicant is the personal representative of the deceased member's estate or that a court of competent jurisdiction has ordered that the assignment be made to applicant. (MUST provide will/trust or court document.)

4. I hereby apply for capital credits in the deceased patron's patronage capital account and upon receipt of said funds by selection of payment choice below do hereby agree to indemnify and save harmless the Cooperative, its trustees and employees, against any and all other and further claims, demand, costs, and expenses arising out of the above mentioned patronage capital account and membership fees and deposits hereby paid.

Heir(s) must choose and be in agreement of payment selection of either:

Payment by Assignment through General Retirement

or

One-time Lump Sum discounted estate retirement of capital credit based on percentage and years.

5. That it is my responsibility to notify SECO of any change of mailing address until such time as all capital credits assigned have been retired.

X _____

Applicant's Signature

State of _____ County _____

Sworn to (or affirmed) and subscribed before me by means of [how the individual appeared; check one]:

physical presence or online notarization this ____ day of _____, 20 ____, by _____

Individual identified By: Personal Knowledge Satisfactory Evidence; Type _____

(Seal)

Notary Public Signature

Printed Name of Notary

Note: The term heir means beneficiary under the law. The term devisee means beneficiary under the Will. A copy of the death certificate must accompany this agreement.