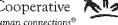
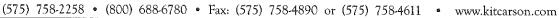


KIT CARSON ELECTRIC COOPERATIVE, INC.

A Touchstone Energy® Cooperative
The power of human connections®





118 Cruz Alta Road • P.O. Box 578 • Taos, New Mexico 87571-0578

CAPITAL CREDIT REQUEST

Date:			
This document is to certify	that I am the Personal	Representative of the Estate	of:
Name			
Address			
City	State	Zip	
SS#			
Member Sep #:			
affidavit (if applicable). Note: indemnification form needs to	If descendant has more to be signed by the person er this document a form	han one co-executor, representa (s) giving the designated claiman	the death certificate, will or probate tive and/or administrator; an t permission to receive payment on behalf al Credits in the above mentioned
Name			
Address			
City	State	Zip	
Social Security #		Telephone	
Member Sep #			
are calculated until the death estate representative account \$500.00 increments, yearly. Ye	year of the account holder (s),monies will be deduct early allocations occur on	er. If a balance was left on the de ted from capital credits to pay the on the month the first check was go	for Capital Credits. Monies accumulated ceased account(s), or past due balances on remaining balance. Payments are made in enerated. If the account has less than take place within 30 to 60 days after
Signature:		Date	
Office Use Only:			
CSR		Date	