



4915 South US Hwy. 77 ♦ PO Box 130
La Grange, Texas 78945
979.242.5911 ♦ 800.242.5911
Fax 979.247.5160
www.cvctx.com

CAPITAL CREDIT REQUEST FORM

I, _____, request retirement of Capital Credits accumulated to:

Membership No. _____

Name of Deceased(Member): _____

Date of Death: _____

CONTACT INFORMATION OF CLAIMANT:

Name: _____ Phone Number: _____

Address: _____ Email: _____

_____ Relationship to Member: _____

I understand that to obtain Capital Credits on the decedent's membership, I must furnish one of the following proofs of heirship to be kept on file by the Cooperative along with a **certified death certificate**:

PROBATED WILL - An original Letters Testamentary or Application and Order Admitting Will to Probate as a Muniment of Title (must include will)

WILL NOT PROBATED OR NO WILL - An Affidavit of Heirship OR Letters of Administration

An IRS form W-9 must be returned for each heir whom will be receiving payment of Capital Credit funds from the decedent's membership.

Signature of Claimant Date

PLEASE ALLOW **120 DAYS** PROCESSING TIME FROM THE RECEIPT OF **ALL COMPLETED DOCUMENTS** TO OUR OFFICE

Incomplete forms cannot be processed.

OFFICE USE ONLY	
Employee Who Received Paperwork _____ (Initial)	
Date All Documents Received: _____	Disconnect Date: _____
Date NISC Updated: _____	_____(Initial-Updated)
<input type="checkbox"/> Death Certificate	<input type="checkbox"/> Proof of Heirship
<input type="checkbox"/> W-9 _____(quantity)	