COLORADO VALLEY TELEPHONE COOPERATIVE

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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: _____

Address: _____

Phone Number: _____

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 **copy of the 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 decendant's membership.

_____ _____

Signature of Claimant Date

Incomplete forms cannot be processed.

OFFICE USE ONLY

Employee Who Received Paperwork: _____ (Initial)

Date All Documents Received: _____ Disconnect Date: _____

Date NISC Updated: _____ (Initial-Updated): _____

☐ Death Certificate ☐ Proof of Heirship ☐ W-9 _____ (Quantity)