



# KIT CARSON ELECTRIC COOPERATIVE, INC.

A Touchstone Energy® Cooperative  
The power of human connections®



(575) 758-2258 • (800) 688-6780 • Fax: (575) 758-4890 or (575) 758-4611 • www.kitcarson.com

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## CAPITAL CREDIT REQUEST

DATE \_\_\_\_\_

To Whom It May Concern:

This letter will certify that I am the Personal Representative of the Estate of:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Membersep # \_\_\_\_\_ Member # \_\_\_\_\_

I have transferred the account(s) listed in that name and have attached a copy of the death certificate and (if needed) a will or probate affidavit. Please consider this letter as a formal request to have the Capital Credits in the name of \_\_\_\_\_ refunded to me.

Sincerely,

\_\_\_\_\_  
Signature

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone # \_\_\_\_\_

Membersep # \_\_\_\_\_ Member # \_\_\_\_\_

### OFFICE USE ONLY

Completed by \_\_\_\_\_ Date \_\_\_\_\_

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