

1514 E. Business 70/P.O. Box 1370 Durant, OK 74702 (580) 924-2170

## CERTIFICATION OF ENTITLEMENT TO SOUTHEASTERN ELECTRIC COOPERATIVE CAPITAL CREDITS

(PLEASE PRINT FULL NAME) tric Cooperative to the account of	·	'	3 ,
tric Cooperative to the account of			
	·		
	(NAME OF DECEASED AN	ID/OR NAME OF BUS	SINESS OF DECEASED)
DECEASED SSN	DOB		DOD
fy that:			
I am the party legally entitled to clair	m ownership of these capital o	redits payment becau	use
			;
I will be responsible for distributing the	he capital credits claimed in a	ccordance with any p	redetermined agreements of
the business to which they were ass	igned, or the will of the decea	sed member;	
I will indemnify defend and hold Sou	itheastern Flectric Cooperativ	re harmless against a	ny subsequent claims to or for
these capital credit payments.	direastern Liectric Cooperativ	e namiess against a	ny subsequent claims to or for
	fication statement will be relea	ased to any party mak	ring subsequent claims to
·		to Southeastern Elec	ctric Cooperative, if the mem-
ber eligible for capital credits is now	deceased.		
SIGNATURE OF CLAIMANT	DATE		SSN OR FEDERAL ID
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER(S)		E-MAIL ADDRESS	
	<u>ACKNOWLEDGEMENT</u>	<u>r</u>	
OF OKLAHOMA			
TY OF	ss.		
me .in	and for this state, on this	day of	. 20 . personally appeared
me	and for this state, on this to be the identical person(s) w	_ day of ho executed the within	_, 20, personally appeared and foregoing instrument, and
me, in to me known wledged to me executed the same	and for this state, on this to be the identical person(s) we e as free and voluntary a	_ day of ho executed the within ct and deed for the use	_, 20, personally appeared and foregoing instrument, and and purposes therein set forth.
)	ACKNOWLEDGEMENT		
	I will be responsible for distributing to the business to which they were assolidated to capital credit payments.  I will indemnify, defend and hold Southese capital credit payments.  I understand that a copy of this certificates capital credits;  I will be required to provide a certificate ber eligible for capital credits is now SIGNATURE OF CLAIMANT  ADDRESS  PHONE NUMBER(S)	I will be responsible for distributing the capital credits claimed in a the business to which they were assigned, or the will of the deceal will indemnify, defend and hold Southeastern Electric Cooperative these capital credit payments.  I understand that a copy of this certification statement will be released these capital credits;  I will be required to provide a certified copy of the death certificate ber eligible for capital credits is now deceased.  SIGNATURE OF CLAIMANT  DATE  ADDRESS  CITY  PHONE NUMBER(S)  ACKNOWLEDGEMENT  OF OKLAHOMA )	I will be responsible for distributing the capital credits claimed in accordance with any p the business to which they were assigned, or the will of the deceased member;  I will indemnify, defend and hold Southeastern Electric Cooperative harmless against a these capital credit payments.  I understand that a copy of this certification statement will be released to any party make these capital credits;  I will be required to provide a certified copy of the death certificate to Southeastern Electric Ber eligible for capital credits is now deceased.  SIGNATURE OF CLAIMANT  DATE  ADDRESS  CITY  STATE  PHONE NUMBER(S)  E-MACKNOWLEDGEMENT  OF OKLAHOMA  )

My Commission Expires: \_\_\_\_\_