



A Touchstone Energy® Cooperative 

Nolin Rural Electric Cooperative Corporation
411 Ring Rd, Elizabethtown, KY 42701

270.765.6153 • F. 270.982.3120

Request for Payment of Capital Credits to a Deceased Member's Estate

Name of Deceased Member: _____

Name of Applicant: _____

Applicant Mailing Address: _____

Applicant Phone Number: _____

Applicant's Relationship to Deceased Member: _____

****Application will not be processed without a copy of the deceased Member's death certificate. Please attach a copy of the death certificate to the application.***

- Was there a court order naming an executor, administrator, or personal representative?
 Yes (If so, please attach a copy of the court order.)
 No

**Please note: if the estate went through probate and the estate is now closed, the applicant will also need to provide a copy of the court order stating the estate is now closed.*

- If no court order was issued naming an executor, administrator, or personal representative, was there any other court order issued regarding the estate such as a Dispense Order?
 Yes (If so, please attach a copy of the court order.)
 No

If there was no court order issued regarding the estate, please answer the following questions to determine eligibility for receipt of the capital credits payment:

- Was the member a resident of Kentucky at the time of their passing?
 Yes
 No (If member was not a resident of Kentucky at the time of their passing, a court order is required to process the application.)
- If the estate of the deceased Member had gone through probate, would the applicant be the sole recipient of the estate under Kentucky law? *Under Kentucky law, if the total assets of personal property are less than \$15,000 dollars and the funeral bill is paid in full, the spouse is the beneficiary of the deceased Member. If there is no spouse or the spouse is deceased, the children of the deceased Member are the beneficiaries.*
 Yes, the personal property of the deceased Member is less than \$15,000 and the funeral bill is paid in full.
 Yes, I am the spouse of the deceased Member.
 Yes, I am the sole surviving child of the deceased Member.
 There are multiple beneficiaries. (If there are multiple beneficiaries, please also complete the attached form listing the heirs of the deceased Member).
 Other (Please explain) _____



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Please read the following statements and sign in front of a notary. This form is not valid unless it is notarized.

- The undersigned states that they understand a discounted amount of capital credits may be paid to the Applicant, but if the Applicant wishes, they may wait for full payment of the capital credits at a time or times in the future when Nolin RECC retires capital credits for all living Members. **Please select option A or B and initial on the line provided.**

Option A: ____ (Initial) The undersigned wishes to receive the discounted capital credits payment due to the deceased Member's estate in a lump sum payment and agrees to accept the lump sum payment as full and final settlement of the deceased Member's capital credits.

Option B: ____ (Initial) The undersigned wishes to wait for the full payment of capital credits at the time they may be retired in the future. If Option B is selected, applicant is aware that they have 30 days from the date of the application to change to Option A. Once 30 days has passed, no changes to the payment option will be allowed.

- The Applicant agrees to hold harmless and indemnify Nolin RECC from any claims of others who may come forward in the future and claim they are entitled to these capital credits. Such indemnification shall include the payment of all Court costs, attorney's fees and any other expense incurred by Nolin RECC in the event of such a claim.

WITNESS the signature of the Applicant this _____ day of _____, 20____.

APPLICANT'S SIGNATURE

STATE OF _____

COUNTY OF _____

The foregoing instrument was subscribed, sworn to and acknowledged before me this ____ day of _____, 20____, by _____ (Applicant named above).

NOTARY PUBLIC

My commission expires: _____

NOTARY STAMP REQUIRED IF NOT IN THE STATE OF KENTUCKY