



Estate Capital Credit Retirement Successor Application

Capital Credit retirement is requested for: _____

(Printed Name of Deceased Member)

BEK Member # _____ Date of Death _____

Upon receipt of the applicable checklist documents and notarization of this application, BEK Communications Cooperative will assign the deceased member's capital credits to another party, or immediately payout the capital credits at Present Value, according to the options below. Please initial your choice, complete the remainder of this document, and return all paperwork to: BEK Communications, PO Box 230, Steele, ND 58482 or scan and email to capitalcredits@bektel.coop.

1. _____ **Assign all capital credits:**

The deceased member's capital credits (allocated and unallocated) will be assigned to the party listed below. The capital credits will be retired as part of the Cooperative's general retirements as approved by the Board of Directors.

2. _____ **Payout immediately all allocated capital credits:**

- The allocated capital credits of the deceased member will be paid in a lump sum at Present Value to the undersigned successor.
- The Present Value of the deceased member's allocated capital credits to be paid as identified by the Lump Sum Payout Sheet enclosed is \$_____.
- The unallocated capital credits of the deceased member will be deemed abandoned.
- The Present Value capital credits will be applied to any past-due balances prior to payout.

3. _____ **Payout all capital credits at Present Value after the Board's next allocation notice (normally issued in May of each year):**

- All of deceased member's capital credits will be paid in a lump sum at Present Value to the undersigned successor after the next Allocation Notice.
- The Present Value capital credits will be applied to any past-due balances prior to payout.



I certify that I am a Successor of the deceased member and that no application nor petition for the appointment of a Personal Representative for, or on behalf of, the deceased member is pending or has been granted in any jurisdiction or by any court of law. I also agree and certify to the following:

- I am entitled to the payment of any sums of money due and owing to the deceased member and to the delivery of all instruments evidencing a debt, obligation, stock or chose in action belonging to the deceased member.
- Thirty days have elapsed since the death of the decedent.
- If I am an agent of the Department of Human Services and qualify as a successor of the decedent under section 50-06-05.1 (25) of the North Dakota Century Code for the purpose of collecting amounts due that Department, I:
 - Further certify that twenty days or more have elapsed since the death of the decedent
 - Agree to provide a state-issued *Affidavit for Collection of Personal Property of the Decedent*.
- Sign and have notarized the enclosed *Indemnity Agreement*.

Printed Name of Successor

Social Security Number or Federal Tax ID Number

Successor Mailing Address, including City State & Zip

Requested & Certified By -- Printed Name

Requested & Certified By -- Signature (sign in the presence of a Notary Public)

Requestor Contact Number

Requestor Mailing Address (if differs from above)

Date

CHECKLIST

- ☐ Copy of death certificate enclosed
- ☐ Executed and notarized *Indemnity Agreement*
- ☐ If an agent of Department of Human Services: *State-Issued Affidavit for Collection of Personal Property of the Decedent*
- ☐ Payee W-9 enclosed (if applicable)
- ☐ Select option 1, 2, or 3 with initials indicating choice
- ☐ "Make Check Payable To" section completed in full, with signature & notary

NOTARIZATION REQUIRED

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public, _____ County,

State,

My Commission Expires: _____