



## BLUESTEM ELECTRIC COOPERATIVE, INC.

### REQUEST FOR CAPITAL CREDIT RETIREMENT APPLICATION

Capital Credits represent a Member's ownership interest in the Cooperative. These credits are available for early retirement in accordance with terms and conditions that are outlined in BEC Policy No. 162.

If you wish to make application for the early retirement of capital credits, please fill out the following questionnaire and mail to: Bluestem Electric Cooperative, Inc, PO Box 5, Wamego, KS 66547-0005 or email to [jennifers@bluestemelectric.com](mailto:jennifers@bluestemelectric.com). An application will be sent to you. Please complete and attach documents as directed and return. Applications will be processed in the order received. Payments will be made as the financial condition of the Cooperative allows. For estates, payments are usually made throughout the year. For applications based on dissolution of membership or disability, payment is usually made in December. Please note: dissolution of membership and disability applications are available only once per lifetime of the member or joint member.

Name of Member (as listed on membership) _____
Name of Spouse (considered a joint member) _____
Customer Number, if available _____ Does the Member have an active account? <input type="checkbox"/> Y or <input type="checkbox"/> N

Contact information of person making this request (member, spouse, or legal representative)
Name _____
Street Address _____ City, State, and Zip _____
Telephone number(s) (during BEC business hours) _____
Email address _____
Which method of contact is preferred? <input type="checkbox"/> Mail or <input type="checkbox"/> Email or <input type="checkbox"/> Telephone

Was there any change in marital status since the member or spouse became a member of the Cooperative? <input type="checkbox"/> Y or <input type="checkbox"/> N If yes, please explain _____
_____
_____

If application is made for an estate: Is member deceased? Y or N

Is spouse deceased? Y or N

(must provide a copy of the death certificate)

Is there a will that was or will be probated? Y or N Was there a trust? Y or N

Are any of the following documents available? Letters Testamentary, Letters of Administration, Small Estate Affidavit, Court Order for Journal Entry of Final Settlement, Trust, other (please list) \_\_\_\_\_

Are all children of the member living? Y or N If not, please list name of deceased child \_\_\_\_\_

Are any of the children of the member estranged from the family? Y or N If yes, please explain \_\_\_\_\_

If application is made based on dissolution of membership: Date of Dissolution \_\_\_\_\_

If application is made based on disability of member, spouse, or a family member of the member's immediate family that the member is financially responsible for:

Who is disabled? \_\_\_\_\_ (must provide a copy of a Social Security Administration letter of award of disability or a note from a Board-Certified Physician)

I am the member, spouse, or legal representative (please circle one) named in this application and hereby request a retirement application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date