

## ALBEMARLE ELECTRIC MEMBERSHIP CORPORATION

Post Office Box 69, Hertford, North Carolina 27944-0069
Telephone (252) 426-5735 Toll Free 1-800-215-9915 Fax (252) 426-8270

## REQUEST FOR DECEASED MEMBER'S CAPITAL CREDITS

Estate	e of:		
Addre	ess:		
County Deceased Resided In:		(in which the Estate will be settled)	
State:	Date of Death:	A/C #:	
<u>PLEA:</u>	SE CHECK THE APPROPRIATE LINE BELOW:		
	I have qualified as Administrator or Executor of Testamentary, Qualification or Administration		
	I have qualified as Collector of the above named estate. An Affidavit of Collector is attached.		
	I have qualified for Assignment of Spouse (and Child) Year's Allowance. The approved Application from the Clerk of Court is attached.		
	The estate named above has been closed. Please make estate refund payable to the Clerk of Court for distribution in accordance with N. C. General Statutes (or the state named above).		
	No Administrator, Executor, or Collector was a Court for distribution in accordance with N. C.	* *	
	er Albemarle EMC's Policy #600, <u>Retirement of</u> <u>bers</u> , the following payment options are avail	=	
	A one-time lump-sum distribution of the capital credits calculated at net present value (NPV) based on AEMC's capital credit rotation cycle, and utilizing the NPV rate defined in AEMC Policy #600. By accepting this premature refund, I agree to forfeit any generation and transmission (G&T) capital credits that have not been paid to AEMC, as well as any unallocated current year margins, in order to close out the above account.		
	as capital credits are retired to all cooperative	its, in installments over the same number of years members, as defined in AEMC Policy #600. (G&T been received in cash from AEMC's power supply	
Signe	d:	Date:	
Name	Printed:	Relationship:	
Addre	ess:		
		Daytime Phone:	
		<b>.</b>	

Revised: July 1, 2015