

Application for Capital Credits
French Broad EMC

Date: _____

CIN #: _____

Account #: _____

Estate of: _____

Address: _____

Town: _____

State: _____

Zip: _____

County of Service: _____

Date of Death: _____

_____ I have qualified as administrator or executor for the above mentioned estate and an **original letters of authority issued within six months of the date of this application are attached.** (If letters are no longer current, amounts will be paid to the Clerk of Court for distribution to the proper heirs.)

_____ No administrator was appointed for the estate or the estate is closed. (Amounts will be paid to the Clerk of Court for distribution to the proper heirs.)

(Check applicable paragraph above.)

This is to request capital credits in the above mentioned deceased member's account be paid to the estate, according to proper procedures for the circumstances outlined above.

(Signature)

(Printed Name)

(Address)

(Address)

(Daytime Phone Number)

Relationship to the deceased: _____

Return completed form to:
French Broad Electric Membership Corporation
PO Box 9
Marshall, NC 28753

**** Active accounts must be transferred out of the deceased member's name before capital credits will be paid. Please contact our service department for assistance with the transfer.**