

**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letters of authority issued within six months of the date of this application are attached.** (If letters are no longer current, amounts will be paid to the Clerk of Court for distribution to the proper heirs.)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.**