

STATE OF INDIANA:

SS: _____ Customer Number: _____ Capital Credits: _____

COUNTY OF RIPLEY:

AFFIDAVIT

I, _____, am the duly authorized agent of _____, and being duly sworn upon my oath, make the following statements to the Southeastern Indiana REMC with respect to payment of the capital credits:

As the duly authorized agent of _____, am entitled to receive the payment of the capital credits for the business.

Business Name: _____

Name: _____ Social Security #: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Driver's License #: _____ Phone: _____

I accept full responsibility for paying any sums of money to those persons who are entitled to any portion of the capital credit because of their interest in the business.

I agree to indemnify and hold harmless the Southeastern Indiana REMC if any liability is incurred by reason of paying capital credits to me.

By: _____ Personal Representative for the Estate of: _____

I AFFIRM UNDER THE PENALTIES OF PERJURY, that the foregoing representations are true:

STATE OF: _____ COUNTY OF: _____

Printed Signature: _____ Signature: _____ Date: _____

_____ personally appeared before me, a Notary Public, in and for said county and state, this ____ day of _____ who after having been duly sworn according to law, that he has read the matters and facts stated above, and that the same are true.

Notary Public: _____
Notary Public Signature: _____
County of Residence: _____
My Commission Expires: _____