



# Individual Patronage Capital Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Middle Last*

Current Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Phone: \_\_\_\_\_

Self-Claim

I, \_\_\_\_\_, being duly sworn upon my oath, make the following statements to Southeastern Indiana REMC with respect to payment of patronage capital:

Previous Address: \_\_\_\_\_  
*Street Address City State Zip Code*

I am the aforementioned and duly entitled to this patronage capital and did reside at the location mentioned above and accept full responsibility for paying any sums of money to those persons who are entitled or may be entitled to any portion of the patronage capital.

I agree to indemnify and hold harmless Southeastern Indiana REMC if any liability is incurred pursuant to my receipt of patronage capital.

Deceased Agent

I, \_\_\_\_\_, am the Personal Representative of \_\_\_\_\_, and being duly sworn upon my oath, make the following statements to the Southeastern Indiana REMC with respect to payment of the patronage capital mentioned above:

\_\_\_\_\_ died on \_\_\_\_\_, and was a resident of \_\_\_\_\_ County, Indiana.

\_\_\_\_\_ left a will and named me personal representative.

The administration of the estate is completed and there are no matters pending.

That all expenses of last sickness and funeral bill(s) have been paid. There are sufficient assets to pay any claim and taxes known to be owing by the estate.

That under the provisions of the will, the proceeds of his/her estate including any patronage capital from Southeastern Indiana REMC now belong to the person written above.

I accept full responsibility for paying any sums of money to those persons who are entitled to any portion of the patronage capital.

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

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 they have read the matters and facts stated above, and that the same are true.

Notary Public: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

County of Residence: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_