



Unclaimed Capital Credit Form

MEMBER ACCOUNT INFORMATION

Member Name: _____

SSN: _____

Member Number: _____

CLAIMANT INFORMATION

NAME: _____

SSN: _____

ADDRESS: _____

RELATIONSHIP: _____

CITY: _____ STATE: _____ ZIP: _____

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DAYTIME PHONE, INCLUDE AREA CODE

Please attach a copy of claimant's Driver's License or any official form used for Identification.

FILING STATUS

_____ Owner of account being claimed

_____ If you are a TRUSTEE or GUARDIAN to the owner, send copies of current documents establishing guardianship or trust.

_____ If you are an EXECUTOR or ADMINISTRATOR for the owner's estate, send a copy of the death certificate **AND** letters of administration **OR** Testamentary dated with 90 days of filing claim. Deceased Owner's.

_____ If you are an OFFICER OF THE ORGANIZATION, send current documents establishing your authority to act for that organization.

_____ If you are an HEIR to the owner, send a copy of probated will **OR** court order **OR** affidavit of heirship listing heirs and current addresses **AND** a copy of the death certificate of the owner. Deceased owner.

Deceased SSN: _____ Estate/Trust/Company TPID: _____

EXECUTED THIS _____ DAY OF _____, 20_____

See Attachment

Signature of Claimant: _____

Signature of Co-Claimant: _____

STATE OF _____

COUNTY OF _____) Before me, the undersigned authority, on this day personally appeared

_____ Known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledge to me that (he/she/they) executed the same for the purposes and considerations expressed.

Given under my and seal of office this _____ of _____, 20_____.

Notary Public, _____ County,

(State)

SEAL