



File to Acct # _____

CAPITAL CREDIT FORM

(Notary Required)

Date: _____

Date of Death: _____

Death Cert. # _____

Member Name: _____

Patronage #: _____

I, _____ state that I am the:

- Executor of the Estate
- Administrator of the Estate
- Curator of the Estate
- Guardian
- Other (please explain) _____

of the above member (previous member) of Citizens Telephone Cooperative.

This document is to instruct you in the handling of the above referenced account. Please assign or change this account as indicated below:

- Transfer this account in entirety, with all outstanding past, current and future credits, adjustment and distribution to:

Name: _____

Social Security Number: _____

Address: _____

- Conduct all future transactions in care of the following individual, including issuance of distributions in their name. Settlement among the claimants hereof will be handled by the below named party:

Name: _____

Social Security Number: _____

Address: _____

City/County of: _____ State of: _____

Acknowledged before me this _____ day of _____, 20__.

Notary Public _____

My Commission expires: _____ Notary Registration # _____

Note: If this account is being donated to a charity, church or civic organization the exact legal name must be given or attach a description broad enough to determine the receiving party. Example: The Hill Top Church on Rt. 999 in Floyd County, VA through its trustees, elders, or other representative of the congregation to the benefit of the congregation of the church.) Please include a contact name and address.