

1150 N 3400 E

ASHTON ID 83420

208-652-7431 OR 800-632-5726

FALL RIVER ELECTRIC COOPERATIVE, INC.

PATRONAGE CAPITAL CLAIM FORM

*By submitting this claim, Claimant affirms that all statements and information included herein and attached hereto are true and accurate. Claimant agrees to indemnify, defend and hold Fall River Electric Cooperative, Inc. harmless from any and all claims, losses or causes of action, including attorney’s fees and litigation expenses, should any legal claim be threatened or filed against the cooperative or any of its officers, employees or agents and relating to the disbursement of patronage capital pursuant to this request.*

\*\*\*\*\***NOTARY ATTESTATION REQUIRED ON LAST PAGE OF CLAIM FORM\*\*\*\*\***

**MEMBER/CLAIMANT INFORMATION**

­­­­­­­­­­­­­­

Last Name First Name M.I. Social Security No

Current Address Member No

Telephone (home)

This Claim is for patronage capital owed to: Me Family Member

If you are claiming patronage capital on behalf of a family member, please state your relationship to the member

(i.e. spouse, son/daughter, brother/sister, grandchild):

Are you acting under a valid Durable Power of Attorney for the member? Yes No

Are you a court appointed guardian and/or conservator for the member? Yes No

* If you are filling this application out for Deceased Member please go to Section A.
* If you are filling this application out for Net Present Value because you have reached the age of 75 or older,

or you have permanently left the service area of the Cooperative, please go to Section B.

* If you are filling this application out for Financial need because member is retired or whose gross income for the past 2 years has been less than the States Low-Income level, for the number of household members please send required financial information and please go to Section C.

**SECTION A**

**DECEASED MEMBER CLAIM FORM**

Please provide the following information for deceased member:

Name of deceased member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of death:

Last address of member:

In consideration of approval of this application, consent is given to the Cooperative to pay off all sums owing by patron to the Cooperative, which sum total is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**I agree that any payments made to me will be based on the Net Present Value of the Patronage**

**Capital in my account at a discounted rate. For a payout of \_\_\_\_\_\_\_\_\_\_\_.**

Names, addresses and phone numbers of the member’s children or heirs:

Name Address Telephone No.

*(Attach an additional sheet if necessary)*

Did your family member have a Will? Yes No

Are you the Personal Representative under the Will? Yes No

If not, then who is the Personal Representative?

Was an estate opened in Probate Court? Yes No

In what state and county:

Case Number:

Was the estate closed? Yes No

Does/Did your family member have a Trust? Yes No

What is the name of the Trust?

Are you a Trustee of the Trust? Yes No

If “no” then who is the Trustee?

Who are the Trust Beneficiaries?

Has the Trust been terminated? Yes No

If so, date of termination:

***Along with this claim form, you will need to provide the following documents:***

Photocopy of your: Drivers License or State issued Identification Card

Also include a copy of one of the following: Legal papers showing that you are the executor or personal representative of deceased member: i.e.

Durable Power of Attorney of the member

Court Order Appointed Guardian of the member

Letters of Administration for deceased member

Last Will and Testament or Trust of deceased member.

And A copy of the death certificate of deceased member.

This application requires approval of the Board of Directors before payment may be made. Approval is subject to By-laws and policies of the Cooperative.

Signature:

Current physical address is:

Current phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF )

) ss

COUNTY OF )

SUBSCRIBED AND SWORN TO Before me this day of , 20 .

Notary Public

Residing at:

Comm. Expires:

**SECTION B**

**NET PRESENT VALUE, AGE 75 OR**

**PERMANENTLY LEFT THE SERVICE AREA CLAIM FORM**

I, , being first duly sworn, states under oath the following:

1. A. I hereby make application to Fall River Rural Electric Cooperative, Inc., for the retirement of the net present value of the patronage capital of , hereinafter referred to as “patron,” who has reached the age of on the day of , .

B. I hereby make application to Fall River Rural Electric Cooperative, Inc., for the retirement of the net present value of the patronage capital of \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as “patron,” who has

permanently left the service area of the Cooperative.

2. In consideration of approval of this application, consent is given to the Cooperative to pay off all sums owing by patron to the Cooperative, which sums total $

3. I personally covenant and warrant that all statements made in this application are true and correct, and I further covenant and agree with Fall River Electric Cooperative, Inc., to indemnify it and hold it harmless of any liability, loss or damages it may suffer by making retirement of the patronage capital based on this application. I specifically authorize and direct you to make payment to me, agreeing that I will indemnify and hold harmless the Cooperative from such payment.

4. **I agree that any payments made to me will be based on the Net Present Value of the Patronage Capital in my account and will be at a discount rate. For a payout of $\_ \_ .**

5. My current physical address is:

My current phone number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. This application requires approval of the Board of Directors before payment may be made. Approval is subject to By-laws and policies of the Cooperative.

Signature

STATE OF )

) ss

COUNTY OF )

SUBSCRIBED AND SWORN TO Before me this day of , 20 .

Notary Public

Residing at:

Comm. Expires:

**SECTION C**

**FINANCIAL NEED CLAIM FORM**

I, , being first duly sworn, states under oath the following:

1. I hereby make application to Fall River Rural Electric Cooperative, Inc., for the retirement of the

net present value of the patronage capital of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as “patron,” who has evidence of financial need.

1. The account of patron is in the following name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. In consideration of approval of this application, consent is given to the Cooperative to pay off all

sums owing by patron to the Cooperative, which sums total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. I personally covenant and warrant that all statements made in this application are true and

correct, and I further covenant and agree with Fall River Electric Cooperative, Inc. to indemnify it

and hold it harmless of any liability, loss or damages it may suffer by making retirement of the

patronage capital based on this application. I specifically authorize and direct you to make

payment to me, agreeing that I will indemnify and hold harmless the Cooperative from such

payment.

1. **I agree that any payments made to me will be based on the Net Present Value of the Patronage**

**Capital in my account and will be at a discounted at a rate. For a payout of \_\_\_\_\_\_\_\_\_\_\_\_\_.**

1. My current physical address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My current phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. This application requires approval of the Board of Directors before payment may be made.

Approval is subject to By-laws and policies of the Cooperative.

1. Are you retired? \_\_\_\_\_\_\_\_\_\_\_\_\_ . If yes please skip item 9.
2. I grant Fall River Electric Rural Electric Cooperative permission to review the application I’ve submitted to Helping Hands to determine my eligibility for early retirement of Patronage Capital based on financial need.

**or**

I have enclosed the financial need information that has been required to process this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

STATE OF )

) ss

COUNTY OF )

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

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

Residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comm. Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL NEED INCOME VERIFICATION**

**SOURCES OF INCOME**

Begin with current year and go back two (2) years. IF THERE IS ANY TIME PERIOD OF ZERO (0) INCOME, PLEASE EXPLAIN YOUR MEANS OF SURVIVAL. **Copies of documentation to prove all income must be included.**

First Person

|  |  |  |
| --- | --- | --- |
| **Year** | **Sources and Amounts of Gross Income**  **(Please specify each source of income and who received it. Include paystubs or verification of income.)** | **Total Gross Income for Year** |
| Example-2009 | John - ABC Company - $600; Social Security $650 | $1,250 |
|  |  |  |
|  |  |  |
|  |  |  |

Second Person

|  |  |  |
| --- | --- | --- |
| **Year** | **Sources and Amounts of Gross Income**  **(Please specify each source of income and who received it. Include paystubs or verification of income.)** | **Total Gross Income for Year** |
| Example-2009 | Mary - Unemployment - $300; Child Support - $250 | $550 |
|  |  |  |
|  |  |  |
|  |  |  |

Employer Supervisor

Address Phone

Employer Supervisor

Address Phone

**HOUSEHOLD MEMBERS** (Please attach additional sheet if needed.)

1. - -

Last Name First Initial Relationship Social Security # (Include copy of card)

2. - -

Last Name First Initial Relationship Social Security # (Include copy of card)

3. - -

Last Name First Initial Relationship Social Security # (Include copy of card)

4. - -

Last Name First Initial Relationship Social Security # (Include copy of card)

5. - -

Last Name First Initial Relationship Social Security # (Include copy of card)

6. - -

Last Name First Initial Relationship Social Security # (Include copy of card)

Number of household member’s ages: 0-8\_\_\_ \_, 9-17\_\_\_ \_\_\_, 18-26\_\_\_\_ \_\_, 27-55\_\_\_ \_\_\_, 56-above\_\_\_\_\_\_\_\_

**ADDITIONAL INFORMATION** (Optional)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_