

**FEDERATED RURAL ELECTRIC ASSOCIATION**  
**PO Box 69, Jackson, MN 56143**  
**REQUEST FOR INFORMATION CONCERNING DECEASED MEMBER**

RE: \_\_\_\_\_ SOC SEC # \_\_\_\_\_  
(Deceased Member Name)

To enable you to make application for payment of capital credits belonging to the above name deceased member, it is necessary that you furnish us with the following information:

1. Date and place of death \_\_\_\_\_
2. Was decedent's estate probated? \_\_\_\_\_ If NO probate, complete this form and the Affidavit for Collection, and return with a copy of the death certificate. If YES, please complete this form and return with a copy of the Letters of Administration or Letters Testamentary and a copy of the death certificate.

2a. To accept lump sum payment of Federated credits:  
Make check payable to: \_\_\_\_\_  
whose mailing address is \_\_\_\_\_  
and SS# or Federal ID # is \_\_\_\_\_. Skip to Section 3 below.

**Or**

2b. To assign the Federated capital credits:  
Name: \_\_\_\_\_  
whose mailing address is \_\_\_\_\_  
Note – both the Federated and G&T credits will be assigned to the above person.

3. The G & T Capital Credits (our power supplier credits) shall be assigned to (check choice):

\_\_\_\_\_ Name: \_\_\_\_\_  
whose mailing address is: \_\_\_\_\_

\_\_\_\_\_ FEDERATED RURAL ELECTRIC TRUST OF JACKSON, MN. THIS MONEY WOULD THEN BE DISTRIBUTED WITH OUR OPERATION ROUNDUP FUNDS TWICE A YEAR.

Dated: \_\_\_\_\_

I hereby certify that the foregoing information is true and correct.

\_\_\_\_\_  
Informant/Estate Personal Representative

\_\_\_\_\_  
Phone Number

I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Attorney (if any)

\_\_\_\_\_  
Phone Number