



UNCLAIMED CAPITAL CREDITS CLAIM FORM

I. Person Claiming

Full Name (s) _____

Current Address: _____

Phone Number: _____

II. Original Owner: (May differ from above due to marriage, divorce, etc.)

Full Name _____

Address where electric service was received:

III. Property Claimed:

Customer ID Number: _____

Year (s) service provided: _____

IV. Claim:

The undersigned claimant(s) identified in Section I above, claim a legal or equitable ownership interest in the retired but unpaid capital credits listed in Section III above and agree(s) to hold harmless and indemnify Mid-Carolina Electric Cooperative, Inc. from any other valid claim made to such unclaimed capital credits or from any loss resulting from the payment of this claim.

Claimant Signature

Co-Claimant Signature (if applicable)

SWORN and subscribed to me before

this _____ day of _____ 20, _____

-L.S.

Notary Public for _____

My Commission Expires _____

INSTRUCTIONS TO CLAIMANT'S OF RETIRED BUT UNCLAIMED CAPITAL CREDITS

1. **After completely filling out the information in Sections I, II and III, sign your name(s) in Section IV before a notary public. This is a sworn statement under oath.**
2. Attach the following items to verify your claim:
 - a. A photocopy of your Driver's License or other valid, government issued photo identification.
 - b. The last four digits of your Social Security Number:
 - c. Documentation (such as a Mid-Carolina Electric Cooperative, Inc. billing statement) that proves you were the account holder of the account for the years claimed in Section III. If no such documentation can be provided, attach a written statement that you were the account holder during the years claimed. Example of statement: I, _____ (name), was the electric account holder at _____(address) during the year(s) _____.
3. If you are claiming capital credits held in the account of a deceased person, provide 2a above and provide both of the following.
 - a. Affidavit for Collection/Small Estate Proceeding **or** Certified Copy of an Order from the Probate Court appointing you as Personal Representative of the deceased account-holder's Estate; **and**
 - b. A Certified Copy of the deceased account-holder's Death Certificate.
4. For business or organization accounts, in addition to 2.a. above, provide a completed and notarized copy of the Affidavit and Indemnity Agreement attached as business organization form.
5. Return this entire form with all sections completed and ALL requested documentation attached to:

Mid-Carolina Electric Cooperative, Inc.

P.O. Box 669

Lexington, South Carolina 29071

Allow ten weeks for processing after all documentation is received.

6. For further information you may contact:
Member Services at (803) 749-6400, toll free (888) 813-8000 or memberservices@mcecoop.com