



OFFICE USE ONLY	
Customer number	_____
Payment amount	_____

**Application for Payment of Deceased Member’s Capital Credits**

This application must be signed by the person requesting payment of a deceased member’s capital credits. Kenergy employees do not provide legal advice regarding estate matters. If you have questions about an estate, you should seek the advice of an attorney.

**Name of Deceased Member:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Applicant Phone Number:** \_\_\_\_\_

**Mailing Address for payment:** \_\_\_\_\_

**Applicant is (select one):**

- Court-appointed estate representative of Deceased Member’s estate
- Surviving next of kin of Deceased Member (relationship: \_\_\_\_\_)

**\*Application will not be processed without a copy of the deceased Member’s death certificate. Please attach a copy of the death certificate to the application.**

**BASIS OF CLAIM**

**Option 1 – Court-Appointed Recipient.** If there has been a court proceeding for the estate of the deceased member, initial beside the appropriate option below and proceed to the Indemnity and Verification Form on page 3. If there have been no court proceedings for the estate of the deceased member, please proceed to Option 2 on the following page.

\_\_\_\_\_ **(a) There has been a court order naming an executor, administrator, or personal representative for the estate.** If so, please attach a copy of the court order, and Kenergy will issue payment to the estate. ***For closed estates:*** If the estate is now closed, please also attached a copy of the order closing the estate. Kenergy will issue payment to the appointed representative of the estate as trustee for the beneficiaries of the estate. If the appointed representative of the closed estate is deceased or otherwise unavailable to serve, proceed to Option 2.

\_\_\_\_\_ **(b) There has been no executor, administrator, or personal representative appointed, but there is another court order issued regarding the estate, such as an Order Dispensing with Administration.** If so, please attach a copy of the court order and Kenergy will issue payment to the recipient identified on the order.



**Indemnity and Verification Form**

\*\*\*Must be notarized\*\*\*

I, \_\_\_\_\_, the Applicant, under oath hereby acknowledge and state as follows:

1. All information stated on this form and/or provided by me to Kenergy Corp. for payment of capital credits is true and accurate to the best of my personal knowledge.
2. I am entitled to submit this application and receive payment of the capital credits of the deceased member referenced above.
3. I acknowledge that accepting payment of deceased capital credits is optional and funds for future amounts that have not yet been retired by Kenergy Corp. will be discounted to present value for payment. I acknowledge that the payment of the capital credits under this application fully discharges Kenergy Corp. of its obligation relating to the capital credits.
4. If I am receiving funds as the court-appointed representative of a closed estate or if I am otherwise receiving payment for one or more people other than myself, I acknowledge I am receiving payment of the capital credits as trustee for those entitled to receive them. I acknowledge the responsibility and obligation is solely mine, and not Kenergy Corp.'s, to promptly distribute the proceeds of such payment among those entitled thereto in the proper proportions.
5. I will indemnify and hold harmless Kenergy Corp. from any loss, liability, or claims related to the payment of the capital credits, including claims of others who may come forward in the future and claim they are entitled to these capital credits. Such indemnification shall include the payment of all Court costs, attorney's fees and any other expense incurred by Kenergy Corp. in the event of such a claim.

\_\_\_\_\_  
Applicant

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was subscribed, sworn to and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.  
(Applicant named above)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
NOTARY NUMBER

My commission expires: \_\_\_\_\_