

Patronage Capital Refund Checklist

(Please return with Application for Refund of Patronage Capital Credits)

Deceased Member Information:

Name of Deceased Member _____

Account/Member Number _____

Last 4 digits of Social Security Number _____

Instructions – Below you will find four (4) different circumstances under which the application for capital credits may be submitted. Please carefully read each option and select one of the following that matches the deceased member’s circumstance. **Please allow 60-90 days for receipt of payment, if applicable.** Please return this form and all supporting documents required to:

Sawnee Electric Membership Corporation
ATTN: File/Records Department
543 Atlanta Highway
Cumming, GA 30040

If you have any questions regarding this process, please contact Sawnee EMC’s Customer Service Department at 770-887-2363 or via email at customerservice@sawnee.coop.

- **Option A – Will has been probated.** If this is correct, please submit the following items:
 - Letters Testamentary for the deceased (Trust paperwork will not meet this criteria)
 - Page one (1) of Application for Refund of Patronage Capital Credits completed
 - Page two (2) must be signed and notarized

- **Option B – Applicant has filed for Administration.** If this is correct, please submit the following items:
 - Letters of Administration for the deceased (Trust paperwork will not meet this criteria)
 - Page one (1) of Application for Refund of Patronage Capital Credits completed
 - Page two (2) must be signed and notarized

- **Option C – Deceased died leaving no will.** Please submit the following items. Please note, only the nearest surviving relative may apply for capital credit refunds. The order of nearest surviving relative is defined as spouse, child, parent, sibling or grandchild.
 - Death certificate for deceased member
 - Spouse’s death certificate if married at time of the deceased member’s death
 - Pages one (1), three (3) and four (4) of Application for Refund of Patronage Capital Credits completed
 - Page two (2) must be signed and notarized

- **Option D – Deceased died leaving a will, but it was not probated.** Please submit the following items. Please note, only the nearest surviving relative may apply for capital credit refunds. The order of nearest surviving relative is defined as spouse, child, parent, sibling or grandchild.
 - Death certificate for deceased member
 - Spouse’s death certificate if married at time of the deceased member’s death
 - Pages one (1), three (3) and four (4) of Application for Refund of Patronage Capital Credits completed
 - Page two (2) must be signed and notarized

Please note, if applicant’s name has changed and does not match supporting paperwork, please provide supporting documentation for the applicant. An example of supporting documentation is a marriage certificate, driver’s license or birth certificate.

Applicant Information (please print):

Name _____

Address _____

City, State, Zip _____

Telephone Number _____

EXHIBIT 1

CAPITAL CREDIT NUMBER

TELEPHONE NUMBER

**APPLICATION FOR REFUND OF CAPITAL CREDITS OF
_____, DECEASED
OF _____ COUNTY, GEORGIA**

To the best of the undersigned's information and belief, the above named deceased was, during his or her life, a member of SAWNEE ELECTRIC MEMBERSHIP CORPORATION (SAWNEE EMC) and, as such, there is an account established by SAWNEE EMC in the deceased's name to which has, as of this date, been allocated certain capital credits and which may later be allocated further capital credits for the current year, which upon application may in the discretion of the Board of Directors of SAWNEE EMC be paid out, as provided by the Official Code of Georgia Annotated (O.C.G.A.) § 46-3-341.

Therefore, the undersigned hereby applies for payment of the capital credit account pursuant to O.C.G.A. § 46-3-341. As a part of this Application and to induce SAWNEE EMC to pay said account, the undersigned does hereby warrant and covenant and does, after being duly sworn, depose and say that:

- 1) The undersigned is the _____ (state relation to deceased, e.g. sole or co-executor or personal representative, spouse, child, brother, sister, parent, assignee of the patronage account etc.) of the deceased, who died on the _____ day of _____, 2_____.

Please place a check mark in the applicable box, and attach the proper documents as indicated. Please check only one of the following four boxes.

- A) : The deceased died leaving a Will; a copy of the Letters of Testamentary for the deceased are attached hereto.
- B) : The deceased died leaving no Will; a copy of the Letters of Administration for the deceased's estate are attached hereto.
- C) : All of the following statements are true:
- 1) The deceased died leaving no Will; a copy of the Death Certificate is attached hereto;
 - 2) No person has applied for or qualified as Administrator of the deceased's estate;
 - 3) The nearest surviving relative(s) under O.C.G.A. § 46-3-341 is (are) as set forth on the reverse side hereof. *(Please complete the reverse side of this Application.)*

BY CHECKING PART C, THE UNDERSIGNED WARRANTS THAT DECEDENT DIED WITHOUT A WILL AND ACCEPTS THE RESPONSIBILITY FOR FAILURE TO FIND AND PROBATE DECEDENT'S WILL IF ONE IN FACT DOES EXIST.

- D) : All of the following statements are true:
- 1) The deceased died leaving a Will but no Will was found and/or no Will has been probated¹ (by agreement of all interested parties); a copy of the Death Certificate is attached hereto;
 - 2) No person has applied for or qualified as Administrator or Executor of the deceased's estate;
 - 3) The nearest surviving relative(s) under O.C.G.A. § 46-3-341 is (are) as set forth on the reverse side hereof. *(Please complete the reverse side of this Application.)*

¹ A Member that dies with a Will that has not been probated for whatever reason shall be treated as dying intestate pursuant to Georgia law which requires a Will to be probated in order for it to be operable.

BY CHECKING PART D, THE UNDERSIGNED WARRANTS THAT DECEDENT DIED WITH A WILL BUT BY AGREEMENT OF ALL INTERESTED PARTIES SUCH WILL SHALL NOT BE PROBATED. SAWNEE EMC HAS NO OBLIGATION TO EXAMINE UNPROBATED WILLS TO DETERMINE HOW TO DISTRIBUTE DECEASED CAPITAL CREDITS. THE UNDERSIGNED ACCEPTS THE RESPONSIBILITY FOR FAILURE TO FIND DECEDENT'S WILL, AND/OR FAILURE TO PROBATE A WILL IF IN FACT THE WILL SHOULD BE PROBATED.

2) In consideration of receiving an early payment of the deceased's capital credits, the undersigned agrees as follows: (i) to permit Sawnee EMC to deduct from the deceased's capital credit account all amounts owed Sawnee EMC by the decedent, (ii) to donate to Sawnee EMC all patronage capital not yet allocated for the current period (iii) to donate to Sawnee EMC amounts which have been, or may in the future be, allocated to the deceased's capital credit account by virtue of Sawnee EMC's patronage of affiliated organizations but which have not yet been paid to Sawnee EMC and (iv) to permit Sawnee EMC to repay the decedent's capital credits on a discounted basis according to Sawnee EMC's Bylaws and Policies.

THE UNDERSIGNED FURTHER SWEARS, WARRANTS, AND COVENANTS THAT (i) NO YEAR'S SUPPORT PROCEEDING HAS BEEN INSTITUTED BY OR ON BEHALF OF THE DECEASED'S SPOUSE WHEREIN THE CAPITAL CREDITS OF THE DECEASED WITH SAWNEE EMC HAVE BEEN CLAIMED OR AWARDED, (ii) UPON PAYMENT OF THE CAPITAL CREDIT ACCOUNT, THE PROCEEDS SHALL BE USED FIRST TO APPLY TO ANY EXISTING DEBTS OF THE DECEASED OR, IF NONE, PAID TO THE SURVIVING RELATIVE(S) IN THE ORDER OF PRIORITY ESTABLISHED BY O.C.G.A. § 46-3-341, AND (iii) TO INDEMNIFY AND HOLD HARMLESS SAWNEE EMC FROM ANY CLAIM OR DEMAND MADE AGAINST SAWNEE EMC AND THE COST AND EXPENSE OF DEFENDING SAME, BY VIRTUE OF ITS PAYMENT OF THE CAPITAL CREDIT ACCOUNT IN THE MANNER PROVIDED FOR IN THIS APPLICATION.

Witness the hand and seal of the undersigned this the _____ day of _____, 2_____.

Sworn to and subscribed
before me the year and
date above written

Signed: _____
Address: _____

NOTARY PUBLIC (SEAL)
Commission Expires: _____

FOR SAWNEE EMC USE ONLY: *This form may not be used for the payment of amounts in excess of \$2,500.00. If the total amount of the capital credit refund is likely to be greater than \$2,500.00, contact legal counsel prior to granting any refund. Also contact legal counsel if the applicant cannot make the warranties and covenants set forth in Paragraph 2 above.*

APPROVAL (Except Current Year): The foregoing Application has been presented to SAWNEE EMC and the same is approved for payment in the amount of \$ _____ in full discharge of all equity in SAWNEE EMC which has been allocated to date to the estate of the deceased.

This _____ day of _____, 2_____.

SAWNEE ELECTRIC MEMBERSHIP CORPORATION

BY: _____

APPROVAL (Final Refund): The forgoing Application has been presented to SAWNEE EMC and the same is approved for payment in the amount of \$ _____ in full discharge of all equity in SAWNEE EMC which has been allocated to the estate of the deceased.

This _____ day of _____, 2_____.

SAWNEE ELECTRIC MEMBERSHIP CORPORATION

BY: _____

(THIS SECTION TO BE COMPLETED ONLY BY APPLICANTS WHO CHECKED BOX "C" OR "D" ON THE FIRST PAGE OF THIS APPLICATION.)

INSTRUCTIONS: *Fill in only the first section which is applicable; write "not applicable" if listed relative is deceased or non-existent. If you are unsure of the present address of one of the listed relatives, you may leave the space for the address blank.*

BY COMPLETING THIS APPLICATION YOU WARRANT THAT DECEDENT DIED (i) WITHOUT A WILL, OR (ii) WITH A WILL, BUT IT SHALL NOT BE PROBATED. YOU ACCEPT THE RESPONSIBILITY FOR FAILURE TO FIND AND/OR PROBATE DECEDENT'S WILL. SAWNEE EMC HAS NO OBLIGATION TO EXAMINE UNPROBATED WILLS TO DETERMINE HOW TO DISTRIBUTE DECEASED CAPITAL CREDITS.

BY COMPLETING THIS APPLICATION YOU WARRANT THAT YOU WILL PAY OUT THE DECEASED'S CAPITAL CREDITS TO THE FOLLOWING PERSONS AND ACCORDING TO THE FOLLOWING PRIORITY:

(1) TO THE SURVIVING SPOUSE OF THE DECEASED; (2) IF NO SURVIVING SPOUSE, THEN TO THE SURVIVING CHILDREN OF THE DECEASED, PRO RATA; (3) IF NO SURVIVING CHILDREN, THEN TO THE SURVIVING MOTHER AND FATHER OF THE DECEASED, PRO RATA; (4) IF NO SURVIVING PARENT, THEN TO THE SURVIVING BROTHERS AND SISTERS OF THE DECEASED, PRO RATA.)

SECTION 1:

DECEASED'S LIVING SPOUSE: _____
ADDRESS: _____

SECTION 2:

DECEASED'S LIVING CHILDREN:

1. _____
ADDRESS: _____

2. _____
ADDRESS: _____

3. _____
ADDRESS: _____

4. _____
ADDRESS: _____

5. _____
ADDRESS: _____

6. _____
ADDRESS: _____

SECTION 3:

DECEASED'S LIVING PARENTS:

MOTHER: _____
ADDRESS: _____

FATHER: _____
ADDRESS: _____

SECTION 4:

DECEASED'S LIVING BROTHERS AND SISTERS:

1. _____
ADDRESS: _____

2. _____
ADDRESS: _____

3. _____
ADDRESS: _____

4. _____
ADDRESS: _____

5. _____
ADDRESS: _____

6. _____
ADDRESS: _____

INSTRUCTIONS FOR APPLICATION FOR
REFUND OF CAPITAL CREDITS OF A DECEASED
MEMBER

1. An application for refund of capital credits should be completed and signed by the person(s) who receives a payment of the capital credits. Consequently,

- If box 1(A) is checked, the application should be completed and signed by the executor of the estate named in the deceased member's Will or letters testamentary (if a Will is used, it should be a copy stamped by the probate office).
- If box 1(B) is checked the application should be completed and signed by the administrator of the deceased member's estate, as designated in the letters of administration.
- If box 1(C) is checked, then an application should be completed stating each person who is to receive a payment from the deceased member's account.
- If box 1(D) is checked, then an application should be completed stating each person who is to receive a payment from the deceased member's account.

2. An applicant should select a box in Part 1 based on the following criteria:

- Check box 1(A) if the member died with a Will which has been probated.
- Check box 1(B) if the member died without a Will and the estate has been administered.
- Check box 1(C) if the member died without a Will but the estate will not be administered.
- Check box 1(D) if the member died with a Will but either: (i) the Will cannot be found and probated, or (ii) all parties who may have an interest under the Will have agreed to not probate the Will.

3. Payment of the deceased member's discounted capital credits as determined by the Board shall be made in the following order of priority:

- Full payment to the executor of the deceased member's estate, as designated by the deceased member's last Will and testament (or as indicated in letters testamentary).
- If there is no probated Will, then full payment is made to the administrator designated in the letters of administration for the estate.

- If there is no probated Will, and no administrator has been named, and if the amount to be paid is less than or equal to \$2,500, then payment should be made as follows:
 - 1) Full payment to the surviving spouse, if any;
 - 2) If there is no surviving spouse, then an equal payment to each of the deceased member's surviving children;
 - 3) If there is no surviving spouse and no surviving children, then an equal payment to each of the deceased member's surviving parents;
 - 4) If there is no surviving spouse, children or parents, then an equal payment to each surviving brother and sister.
 - 5) Where more than one person is to receive a payment under the foregoing rules, Sawnee EMC may issue a single check so long as the recipient signs the statement agreeing to further distribute the payment in accordance with these rules.
- If there is no probated Will, and no administrator has been named, and the amount to be paid exceeds \$2,500, then the statute requires that payment be made to persons entitled to it under the Georgia laws of descent and distribution. In such event, no payment should be made and the cooperative's legal counsel should be notified and asked for assistance.