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, skip to Section 3.
If YES, please provide 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 4 below.

Or

2b. To assign the Federated capital credits:
Name: _____
whose mailing address is _____
Both Federated and G&T credits will be assigned to the above person.

3. Please complete the Affidavit for Collection for no probate estates (see attached). This does not need to be completed on probate estates.

4. The G & T Capital Credits (our 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