

Beneficiary Designation of Capital Credits

Piedmont Electric Cooperative

Election to pay Capital Credits to a beneficiary

Application date

Member number

New beneficiary election

Update beneficiary information

Choose 1 option

Member Information as it appears on account

Election for payment of Capital Credits **

(choose only 1 option below)

Option 1: Named beneficiary payable at time of death*

Name:		<input type="checkbox"/> Jr.	<input type="checkbox"/> Sr.	<input type="checkbox"/> Other _____
		<input type="checkbox"/> None		
Mailing address:				
City:	State:	Zip Code:	SSN:	
Date of Birth:	Relationship to Participant:			

***Whenever you experience a life changing event such as marriage, divorce, death of a beneficiary, etc., you should review this and all of your "end-of-life" documents to be certain they reflect your desires. At the time of death, your designation of a beneficiary is binding and any capital credits that are payable at death will be paid to your designated beneficiary if they survive you.**

Option 2: Beneficiary to Piedmont Electric's Foundation

Helping Hand Foundation: Piedmont Electric's Helping Hand Foundation supports the needs of our community. Thanks to our generous members, the non-profit Helping Hand Foundation provides aid for members in need, Bright Ideas grants for local educators, college scholarships, youth leadership camps and more!

I want to assist the community. I hereby assign all of my rights to any Capital Credit funds that may hereby be payable by the Cooperative. I make this voluntarily because I prefer that such funds be used to benefit the community.

I want to designate the Helping Hand foundation as a beneficiary only and assign my right to any Capital Credit funds that may hereby be payable by the Cooperative at time of death. I make this voluntarily because I prefer that such funds be used to benefit the community.

Member consent

I agree to have all Capital Credit funds paid to the above beneficiary as noted.



Signature

Date

Print legal name

Update beneficiary

It is hereby requested that the name of the beneficiary previously designated be changed to the **information listed above**. I revoke my previous beneficiary _____

Signature

Date

Internal Use Only

Verification for Signature of: _____

License or ID #: _____

MSR Signature _____

MSR Printed Name: _____

Notary information, if not completed in office

Subscribed and sworn to before me, a notary public of the County of _____

State of _____, this _____ day of _____, 20 _____

Witness my hand and notarial seal.

My commission expires: _____, 20 _____

Notary Public