



*(List full name, current address, and relationship to the decedent of all eligible assignees. Please print.)*

**NAME**

**ADDRESS**

**RELATIONSHIP**

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**EARLY RETIREMENT**

Payment to the undersigned, as authorized representative of the Estate, of the discounted present value of the amount of patronage capital credited to the decedent on the books of the Cooperative at the date of death, at a discount rate as determined by the Board of Directors in accordance with Cooperative Policy 210, as may be amended from time to time. The undersigned hereby assigns to the Cooperative the difference between the face value of the decedent's capital credit account and any cash payment made in accordance with this application.

5. The undersigned agrees and acknowledges that: (1) all debts owed by the decedent have been paid, or if not paid, that any assignment or payment authorized hereunder shall be net of amounts due to the Cooperative; and (2) the election as provided herein is a complete disposition of all ownership interest of said decedent in the Cooperative.

This application is submitted on personal knowledge in the affiant's official capacity with respect to the Estate of the decedent, in the probate court for the County of \_\_\_\_\_, State of \_\_\_\_\_, Case No. \_\_\_\_\_.

Applicant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

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

FOR OFFICE USE ONLY:	
Account No:	Delinquency Set-Off \$
Date of Board Approval:	
Process Date:	Processed By: