

To request your refund, complete this form online at www.excelsioremc.com/capital-credits.com
Alternatively, mail or email to the address below:

Excelsior EMC
Capital Credits Refund
PO Box 47
Metter, GA 30439
Email to capitalcredits@excelsioremc.com

FORMER MEMBER REFUND REQUEST
(ORGANIZATIONAL MEMBERSHIP)

I have received Excelsior EMC's notice indicating that the corporation, organization, association, or entity (the "Entity") designated below may be entitled to receive payment of capital credits allocated to it in the years 1951 through 1980. In seeking to induce Excelsior EMC to issue a check to the Entity, I hereby certify, on behalf of the Entity, that each of the following statements is true:

- 1) I am an officer of the Entity, and I am legally authorized by the Entity to complete this Refund Request in the Entity's name and on its behalf.
- 2) In consideration of receiving payment of the capital credit refund referenced above, the Entity agrees to permit Excelsior EMC to deduct from the Entity's payment all amounts it may owe to Excelsior EMC.

Print Name of Applicant: _____
Signature of Applicant/Individual _____
(For purposes of personal representations)

Print Name of Entity: _____
Signature of Applicant/Officer _____
Print Name of Office Held: _____

You must also submit a copy of a government-issued personal identification card.

PLEASE PROVIDE A MAILING ADDRESS WHERE THE ENTITY'S CHECK MAY BE DELIVERED:

