

To request your refund, print, complete and mail this form & a copy of an identification card to:

Excelsior EMC  
Capital Credits Refund  
986 S E Broad St  
Metter, GA 30439

Or email to [capitalcredits@excelsioremc.com](mailto:capitalcredits@excelsioremc.com)

### APPLICATION FOR REFUND OF CAPITAL CREDITS OF DECEASED MEMBERS (GENERAL RETIREMENT ONLY)

To the best of the undersigned's information and belief, \_\_\_\_\_ ("the deceased") was, during his or her life, a member of EXCELSIOR ELECTRIC MEMBERSHIP CORPORATION (EXCELSIOR EMC) and, as such, there is an account established by EXCELSIOR EMC in the deceased's name to which has, as of this date, been allocated certain capital credits.

The undersigned hereby applies for payment of all allocations made for the years 1951-1980 (the "Allocations") pursuant to O.C.G.A. § 46-3-341. As a part of this Application and to induce EXCELSIOR EMC to pay the Allocations in accordance with the provisions of this Application, 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. executor, administrator, spouse, child, parent, brother, sister, assignee of the patronage account etc.) of the deceased, who died on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

A) ☐: The deceased died leaving a Will; a copy of the Letters Testamentary for the deceased are attached hereto (if the deceased's estate has been closed, check box E, below).

B) ☐: The deceased died leaving no Will; a copy of the Letters of Administration for the deceased's estate are attached hereto (if the deceased's estate has been closed, check box E, below).

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 probated<sup>1</sup> (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.)

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<sup>1</sup> 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. EXCELSIOR EMC HAS NO OBLIGATION TO EXAMINE UNPROBATED WILLS TO DETERMINE HOW TO DISTRIBUTE A DECEASED MEMBER'S 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.**

E) ☐: All of the following statements are true:

- 1) The estate of the deceased has been closed; a copy of the Order of Discharge (or if unavailable, the Death Certificate) is attached hereto;
- 2) 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.)*

F) ☐: The nearest surviving relative(s) under O.C.G.A. § 46-3-341 is (are) as set forth on the reverse side hereof, and applicant is applying on their behalf. Applicant agrees to distribute the payment in accordance with O.C.G.A. § 46-3-341. *(Please complete reverse side of this Application.)*

**BY CHECKING PART F, THE UNDERSIGNED WARRANTS THAT THEY ARE APPLYING ON BEHALF OF SURVIVORS. THE UNDERIGNED ACCEPTS RESPONSIBILITY FOR DISTRIBUTING THE PAYMENT IN ACCORDANCE WITH O.C.G.A. § 46-3-341.**

**IN CONSIDERATION OF RECEIVING PAYMENT OF THE DECEASED'S CAPITAL CREDITS, THE UNDERSIGNED AGREES TO PERMIT EXCELSIOR EMC TO DEDUCT FROM THE DECEASED'S ALLOCATIONS ALL AMOUNTS OWED EXCELSIOR EMC BY THE APPLICANT AND THE DECEDENT. 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 EXCELSIOR EMC HAVE BEEN CLAIMED OR AWARDED, (ii) UPON PAYMENT OF THE ALLOCATIONS, THE PROCEEDS SHALL BE USED FIRST TO APPLY TO ANY EXISTING DEBTS OWED TO EXCELSIOR EMC BY THE DECEASED OR APPLICANT, IF NONE, PAID TO THE SURVIVING RELATIVE(S) IN THE ORDER OF PRIORITY ESTABLISHED BY O.C.G.A. § 46-3-341, AND (iii) THE UNDERSIGNED SHALL INDEMNIFY AND HOLD HARMLESS EXCELSIOR EMC FROM ANY CLAIM OR DEMAND MADE AGAINST EXCELSIOR EMC AND THE COST AND EXPENSE OF DEFENDING SAME, BY VIRTUE OF ITS PAYMENT OF THE ALLOCATIONS IN THE MANNER PROVIDED FOR IN THIS APPLICATION.**

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
Signature of Applicant

**\*\*PLEASE INCLUDE A PHOTOCOPY OF VALID STATE ISSUED IDENTIFICATION\*\***

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Member Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address (Where your Check May be Delivered):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FOR EXCELSIOR 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 the paragraph preceding the signature lines above.*

APPROVAL: The forgoing Application has been presented to EXCELSIOR EMC and the same is approved for payment in the amount of \$\_\_\_\_\_. This \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

EXCELSIOR ELECTRIC MEMBERSHIP CORPORATION

BY:\_\_\_\_\_

**(THIS SECTION TO BE COMPLETED ONLY BY APPLICANTS WHO CHECKED BOX "C," "D," "E," OR "F" 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: (i) THE DECEDENT DIED WITHOUT A WILL, OR (ii) THE DECEDENT DIED WITH A WILL, BUT IT SHALL NOT BE PROBATED; OR (iii) THE DECEDENT'S ESTATE HAS BEEN CLOSED.

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.

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**SECTION 1:**

DECEASED'S LIVING SPOUSE:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**SECTION 2:**

DECEASED'S LIVING CHILDREN:

1. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE UNDERSIGNED FURTHER SWEARS, WARRANTS, AND COVENANTS THAT MORE THAN ONE PERSON IS ENTITLED TO RECEIVE A PAYMENT UNDER THE FOREGOING RULES, AND EXCELSIOR EMC MAY ISSUE A SINGLE CHECK FOR THE ENTIRE AMOUNT TO BE FURTHER DISTRIBUTED BY THE UNDERSIGNED.**

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
Signature of Applicant

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**SECTION 3:**

DECEASED'S LIVING PARENTS:

MOTHER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FATHER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE UNDERSIGNED FURTHER SWEARS, WARRANTS, AND COVENANTS THAT MORE THAN ONE PERSON IS ENTITLED TO RECEIVE A PAYMENT UNDER THE FOREGOING RULES, AND EXCELSIOR EMC MAY ISSUE A SINGLE CHECK FOR THE ENTIRE AMOUNT TO BE FURTHER DISTRIBUTED BY THE UNDERSIGNED.**

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
Signature of Applicant

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**SECTION 4:**

DECEASED'S LIVING BROTHERS AND SISTERS:

1. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE UNDERSIGNED FURTHER SWEARS, WARRANTS, AND COVENANTS THAT MORE THAN ONE PERSON IS ENTITLED TO RECEIVE A PAYMENT UNDER THE FOREGOING RULES, AND EXCELSIOR EMC MAY ISSUE A SINGLE CHECK FOR THE ENTIRE AMOUNT TO BE FURTHER DISTRIBUTED BY THE UNDERSIGNED.**

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
Signature of Applicant

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

1. Verify the identity of all applicants & save a copy of a picture ID. An application for refund of capital credits should be completed and signed by each person 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 one or more applications should be completed such that a completed and signed application would be received from every person receiving a payment from the deceased member's Allocations, unless one of the recipients is the applicant and signs the statement agreeing to distribute the funds (page 4 or 5).

- If box 1(D) is checked, then one or more applications should be completed such that a completed and signed application would be received from every person receiving a payment from the deceased member's Allocations, unless one of the recipients is the applicant and signs the statement agreeing to distribute the funds (page 4 or 5).

- If box 1(E) is checked, then one or more applications should be completed such that a completed and signed application would be received from every person receiving a payment from the deceased member's Allocations, unless one of the recipients is the applicant and signs the statement agreeing to distribute the funds (page 4 or 5).

- If box 1(F) is checked, then the application is being filled out on behalf of a surviving member(s) such that a completed and signed application would be received from an agent of the survivor(s) who would be receiving a payment from the deceased member's Allocations.

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.

- Check box 1(E) if there was an estate executor or administrator and the probate court has issued an Order of Discharge.

- Check box 1(F) if 1(A) – 1(E) do not apply, or there is a party filling out the application on behalf of the survivor(s) who is not an executor, administrator, spouse, child, parent, or sibling.

3. Payment of the deceased member's 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 the estate has been closed (i.e., the applicant selects box 1(E)), then payment may be made to relatives, as indicated below.

- If there is no probated Will, then full payment is made to the administrator designated in the letters of administration for the estate. If the estate has been closed (i.e., the applicant selects box 1(E)), then payment may be made to relatives, as indicated below.

- If there is no probated Will, and no administrator has been named (or if the estate has been closed), and if the amount to be paid is less than or equal to \$2,500, then payment should be made to relatives 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, Excelsior 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.

