

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
(INDIVIDUAL MEMBERSHIP)

I have received Excelsior EMC's notice indicating that I may be entitled to receive payment of capital credits allocated to me in the years 1951 through 1980. In seeking to induce Excelsior EMC to issue a check to me, I hereby certify that each of the following statements is true:

- 1) I am the person designated on the notice.
- 2) In consideration of receiving payment of the capital credit refund referenced above, I agree to permit Excelsior EMC to deduct from my payment all amounts I owe to Excelsior EMC.

Print name of Applicant

Signature of Applicant

PLEASE PROVIDE A MAILING ADDRESS WHERE YOUR CHECK MAY BE DELIVERED:

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