


KIT CARSON ELECTRIC COOPERATIVE, INC.

A Touchstone Energy® Cooperative 
The power of human connections®

(575) 758-2258 • (800) 688-6780 • Fax: (575) 758-4890 or (575) 758-4611 • www.kitcarson.com

118 Cruz Alta Road • P.O. Box 578 • Taos, New Mexico 87571-0578



CAPITAL CREDIT REQUEST

Date: _____

*This document is to certify that I am the **Personal Representative of the Estate of:***

Name _____

Address _____

City _____ State _____ Zip _____

SS# _____

Member Sep #: _____

*I have transferred the account(s) listed in the name above and have attached a copy of the death certificate, will or probate affidavit (if applicable). Note: If descendant has more than one co-executor, representative and/or administrator; an indemnification form needs to be signed by the person(s) giving the designated claimant permission to receive payment on behalf of the estate. **Please consider this document a formal request to have the Capital Credits in the above mentioned refunded to the following person:***

Name _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ Telephone _____

Member Sep # _____

Kit Carson Electric Cooperative is only responsible for the payment of operating margins for Capital Credits. Monies accumulated are calculated until the death year of the account holder. If a balance was left on the deceased account(s), or past due balances on estate representative account(s), monies will be deducted from capital credits to pay the remaining balance. Payments are made in \$500.00 increments, yearly. Yearly allocations occur on the month the first check was generated. If the account has less than \$500.00, a check is generated for the full amount. Capital Credit Reimbursement should take place within 30 to 60 days after board approval.

Signature: _____ Date _____

Office Use Only:

CSR _____ Date _____