

**INSTRUCTIONS FOR
APPLICATION FOR REFUND OR TRANSFER OF CAPITAL CREDITS OF A DECEASED MEMBER**

1. An application for refund or transfer of capital credits should be completed, signed and notarized by each person who receives a payment of the capital credits. Consequently,
 - a. If box 1(A) is checked, pages 1-2 of 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 is preferable to obtain a copy that has been stamped as "filed" by the probate office. However, we may accept unfiled wills, so long as there is no reason to doubt the will's authenticity.)
 - i. Copies of documents required:
 1. Death Certificate – front and back
 2. Letters Testamentary from Probate Office or a copy of the valid will of the deceased
 - b. If box 1(B) is checked, pages 1-2 of the application should be completed and signed by the administrator of the deceased member's estate, as designated in the letters of administration.
 - i. Copies of documents required:
 1. Death Certificate – front and back
 2. Letters of Administration from Probate Office
 - c. If box 1(C) is checked, then one or more applications, including pages 1-4, should be completed such that a completed and signed application would be received by every person receiving a payment from the deceased member's account.
 - i. Copies of documents required:
 1. Death Certificate front and back
2. Payment of the deceased member's discounted capital credits as determined by the Board shall be made in the following order of priority:
 - a. 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).
 - b. If there is no will, then full payment is made to the administrator designated in the letters of administration for the estate.
 - c. If there is no will, and no administrator has been named, and if the amount to be paid is less than or equal to \$2,500, then payment should be made as follows:
 - i. full payment to the surviving spouse, if any;
 - ii. if there is no surviving spouse, then an equal payment to each of the deceased member's surviving children;
 - iii. if there is no surviving spouse and no surviving children, then an equal payment to each of the deceased member's surviving parents;
 - iv. if there is no surviving spouse, children or parents, then an equal payment to each surviving brother and sister.
 - v. Where more than one person is to receive a payment under the foregoing rules, GreyStone may issue a single check so long as the recipient signs the statement agreeing to further distribute the payment in accordance with these rules.
 - d. If there is no 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.
3. If more than one executor, all executors must provide notarized signatures on the application.
4. **Please allow 60 – 90 days for receipt of payment if applicable.**

Please return this form and the documents requested to:
ATTN: Credit & Collections
GreyStone Power
P.O. Box 897
Douglasville, GA 30133

If you have any questions, or would like to make an appointment, please call our Credit & Collections department at (770) 370-2327.

DECEASED'S ACCOUNT NUMBER

PHONE NUMBER OF APPLICANT

EMAIL ADDRESS OF APPLICANT

APPLICATION FOR REFUND OR TRANSFER OF CAPITAL CREDITS OF _____, DECEASED OF _____ COUNTY, GEORGIA

- Refund Check
- Transfer Years to Member Number: _____

To the best of the undersigned's information and belief, the above named deceased was, during his or her life, a member of GREYSTONE POWER CORPORATION (GREYSTONE) and, as such, there is an account established by GREYSTONE in the deceased's name to which has, as of this date, been allocated certain capital credits and which may later be allocated further capital credits for the current year, which, upon application may, in the discretion of the Board of Directors of GREYSTONE, be paid out, as provided by the Official Code of Georgia Annotated (O.C.G.A.) Section 46-3-341. Therefore, the undersigned hereby applies for payment of the capital credit account pursuant to O.C.G.A. Section 46-3-341. As a part of this Application and to induce GREYSTONE to pay said account, 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., spouse, child, brother, sister, parent, 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 three boxes.

- A) : The deceased died leaving a Will; a copy of the deceased's Will, or letters testamentary, and a copy of the death certificate is attached hereto.
- B) : The deceased died leaving no Will; a copy of the letters of administration for the deceased's estate and a copy of the death certificate are attached hereto.
- 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. Section 46-3-341 is (are) as set forth on the attached "Listing of Living Relatives." (Please complete the attachment.) Page 2, 3 & 4

2) In consideration of receiving an early payment of the deceased's capital credits, the undersigned agrees to permit GREYSTONE: (i) to deduct from the deceased's capital credit account all amounts owed GREYSTONE by the decedent, and (ii) to repay the decedent's capital credits on a discounted basis according to GREYSTONE's Policies.

3) The undersigned acknowledges that there may be amounts which have been, or may in the future be, allocated to the deceased's capital credit account by virtue of GREYSTONE's patronage of affiliated organizations but which have not yet been paid to GREYSTONE. In consideration of receiving an early payment of the deceased's capital credits, the undersigned hereby donates all such amounts that are allocable to the deceased and that may be paid in the future to the GreyStone Power Foundation.

THE UNDERSIGNED FURTHER SWEARS, WARRANTS, AND COVENANTS THAT (i) NO YEAR'S SUPPORT PROCEEDING HAS BEEN INSTITUTED BY OR ON BEHALF OF DECEASED'S SPOUSE WHEREIN THE CAPITAL CREDITS OF THE DECEASED WITH GREYSTONE HAVE BEEN CLAIMED OR AWARDED, (ii) TO INDEMNIFY AND HOLD HARMLESS GREYSTONE FROM ANY CLAIM OR DEMAND MADE AGAINST GREYSTONE, AND THE COST AND EXPENSE OF DEFENDING SAME, BY VIRTUE OF ITS PAYMENT OF THE CAPITAL CREDIT ACCOUNT IN THE MANNER PROVIDED FOR IN THIS APPLICATION, OR ARISING IN ANY WAY FROM GREYSTONE'S RELIANCE UPON INFORMATION PROVIDED BY THE UNDERSIGNED, AND (iii) IF THE UNDERSIGNED CHECKED BOX 1(C), ABOVE, FURTHER THAT THE UNDERSIGNED HAS ACCURATELY COMPLETED THE ATTACHED LISTING OF RELATIVES AND HAS RECEIVED THE CONSENT OF EACH OF THE PERSONS LISTED THEREON TO COMPLETE THIS FORM, MAKE THE STATEMENTS MADE HEREIN, AND RECEIVE THE PAYMENT OF THE FULL AMOUNT OF THE DECEASED'S DISCOUNTED CAPITAL CREDITS FROM GREYSTONE.

Witness the hand and seal of the undersigned this the _____ day of _____, _____.

Recipient's Signature: _____

Printed Name: _____

Recipient's Address: _____

Sworn to and subscribed
before me the year and
date above written

NOTARY PUBLIC
SIGNATURE & (SEAL)
Commission Expires:

LISTING OF LIVING RELATIVES

This section to be completed only by applicants who checked Box C on Page One 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 AND SIGNING BELOW 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.)

[Recipient's signature]

SECTION 1:

Deceased's living spouse: _____
Address: _____

SECTION 2:

DECEASED'S LIVING CHILDREN:

1. Name: _____
Address: _____

2. Name: _____
Address: _____

3. Name: _____
Address: _____

4. Name: _____
Address: _____

5. Name: _____
Address: _____

6. Name: _____
Address: _____

SECTION 3:

DECEASED'S LIVING PARENTS:

Mother: _____
Address: _____

Father: _____
Address: _____

SECTION 4:

DECEASED'S LIVING BROTHERS AND SISTERS:

1. Name: _____
Address: _____

2. Name: _____
Address: _____

3. Name: _____
Address: _____

4. Name: _____
Address: _____

5. Name: _____
Address: _____

6. Name: _____
Address: _____

