

CHOOSE ONE OPTION

(____) Retire all allocated capital credits of decedent **now** for a discounted present value payment. The allocated amount is \$_____ and the **present value to be paid** is \$_____. No additional capital credits will be allocated or paid to the decedent.

Make the check payable to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

SSN# or EIN# : _____

(Enter SSN# if check goes to individual, EIN# if check goes to estate/trust)

(____) Assign the decedent’s allocated capital credits to the following successors(s) to be retired when authorized by the cooperative’s Board of Directors.

Please assign the decedent’s capital credits to his/her successor(s) as follows:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

SSN# or EIN# : _____

(Enter SSN# if successor is an individual, EIN# if successor is an estate/trust)

Dated this _____ day of _____, 20_____.

Successor of Decedent

SIGNED BEFORE ME on _____
Date

By: _____
Notary Public
For the State of North Dakota
My Commission Expires: _____