

ESTATE: Capital Credit Claim Form



This form is to be used to request reissuance of Unclaimed Capital Credit(s) or Estate Retirement for members who are DECEASED.

Please note you will need to verify your eligibility to claim a deceased members capital credits.

Complete Sections 1 and 2 and we will forward the estate packet to you to complete.

If you have questions please call: 800-478-1818
Requests for packets are processed in the order they were received.

Return form to:
Alaska Village Electric Cooperative
Patronage Capital Refund Program
4831 Eagle Street
Anchorage, AK 99503

Section 1: Refund Request Made on Behalf of Deceased Member (* Required Field)	Please note that a copy of the deceased members will or legal document designating you as the beneficiary AND a copy of their death certificate will be needed to complete the packet.
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*Deceased Member Name:

AVEC Member Number (if known):

*Your Name (who is requesting the funds):

*Location (Community):

*Phone Number where you can be reached:

What year(s) did the member have service?

*Mailing Address to send the Estate Packet:

*Social Security Number or *Date of Birth of Deceased Member:

SSN: _____ DOB: _____

*Are you a member of AVEC?

*Email Address (yours)

Section 2: Signature

*I, _____, certify that I am entitled to receive the refund packet.
(PLEASE PRINT)

(SIGNATURE)

(DATE)