

**PATRONAGE CAPITAL ACCOUNT, MEMBERSHIP FEE RELEASE,  
ASSIGNMENT and INDEMNITY AGREEMENT DESIGNATED IN SECTION 3**

The undersigned person, having been duly sworn, states upon oath as follows:

1. That \_\_\_\_\_ of \_\_\_\_\_ County, \_\_\_\_\_, died on the \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, and left surviving him/her the following named heir, devisee or otherwise:

☐ Testate **(with a will, trust or other court documents)** ☐ Intestate **(without a will or other court documents)**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ City ST Zip: \_\_\_\_\_

**Heir's Social Security Number:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. That, at the time of death, said decedent was entitled to certain capital credited to the deceased patron's patronage capital account with Sumter Electric Cooperative, Inc., and/or membership fees and/or

3. That the undersigned person hereby individually releases and assigns to **(each person to share in the money is named in this blank space)**

\_\_\_\_\_  
all their right, title, interest, and claim as heirs at law, devisees, or otherwise to the aforesaid capital, fees, and agree to indemnify and save harmless the Cooperative against any and all claims arising out of sums hereby assigned.

4. We hereby apply for capital credits in the deceased patron's patronage capital account and upon receipt of said funds by selection of payment choice below do hereby agree to indemnify and save harmless the Cooperative, its trustees and employees, against any and all other and further claims, demand, costs, and expenses arising out of the above mentioned patronage capital account and membership fees and deposits hereby paid.

**Heir(s) must choose and be in agreement of payment selection of either:**

☐ Payment by Assignment through General Retirement **(FULL disbursement cycle will take approximately or 30 years)**

☐ One-time Lump Sum discounted estate retirement of capital credit based on percentage and years

**X**

State of \_\_\_\_\_ County of \_\_\_\_\_

Applicant's Signature

Sworn to (or affirmed) and subscribed before me by means of [how the individual appeared; check one]:

☐ physical presence or ☐ online notarization this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

by (Heir/POA Name) \_\_\_\_\_

Individual identified By: ☐ Personal Knowledge ☐ Satisfactory Evidence; Type \_\_\_\_\_

**(Seal)**

Notary Public Signature

Printed Name of Notary

*Note: The term "heir" means beneficiary under the law. The term "devisee" means beneficiary under the Will. If there is a Will, a copy must accompany this agreement, and a copy of the death certificate must accompany this agreement. SECO Energy is an equal opportunity provider and employer.*

Revised 8/14/25

Customer #: \_\_\_\_\_

Multi-Heir Form

