

CHOPTANK ELECTRIC COOPERATIVE, INC.
P.O. BOX 430
DENTON, MARYLAND 21629



Choptank Electric Cooperative
A Touchstone Energy® Cooperative

CAPITAL CREDIT BENEFICIARY DESIGNATION FORM

MEMBER NAME _____ SOCIAL SECURITY # _____
ADDRESS _____ CITY,STATE,ZIP _____
CUSTOMER # _____

IMPORTANT INFORMATION

- The purpose of this form is to designate a beneficiary entitled to receive any capital credits due to a member after the member's death. The beneficiary (or contingent beneficiary, if applicable) will receive all capital credits for all accounts payable to the deceased member, at a discounted rate (**Net Present Value**).
- This designation will remain in effect until amended or revoked, in writing, by the member. This form revokes all previous beneficiary designations.
- It is the duty of the member to update any change to beneficiary designation and/or beneficiary contact information.

PRIMARY BENEFICIARY

Beneficiary Name _____
Date of Birth _____ (Beneficiary must be 18 or older)
Mailing Address _____
Phone Number _____
Email Address _____
Relationship to Member _____

CONTINGENT BENEFICIARY (optional)

(Contingent beneficiary will only receive funds if the primary beneficiary is deceased)

Contingent Beneficiary Name _____
Date of Birth _____ (Beneficiary must be 18 or older)
Mailing Address _____
Phone Number _____
Email Address _____
Relationship to Member _____

I HEREBY CERTIFY under penalty of perjury that the below is the true and genuine signature of the member

SIGNATURE OF MEMBER _____
DATE

PRINTED NAME

E-MAIL ADDRESS **PHONE NUMBER**

EMPLOYEE NAME Kristina Smith