



CAPITAL CREDIT BENEFICIARY DESIGNATION FORM

FORM 307BD

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.
- 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 _____

EMAIL ADDRESS _____ PHONE NUMBER _____

EMPLOYEE NAME _____

Submit completed form to Choptank Electric Cooperative by email: memberservices@choptankelectric.coop or by mail: P.O. Box 430 Denton, MD 21629.

