**ESTATE CAPITAL CREDIT RETIREMENT**

Article VII, Section 2 of the bylaws of The Victory Electric Cooperative Assn., Inc., provides the board of trustees the power, upon the death of any member who is a natural person, to pay a deceased patron’s estate the net present value of his/her capital credit allocations accumulated up to the date of death. Patronage capital allocated to the cooperative by an affiliated wholesale power provider, and allocated to the cooperative members as a separate allocation, will not be retired by the cooperative until such capital is retired and paid by the wholesale provider. However, at the discretion of the board, a patron’s share of such allocated capital may be retired at the death of a patron at the net present value of the allocations.

Representatives of a decedent’s estate can choose to receive the deceased member's capital credits in the form of a present valued lump sum payout or to wait and receive the monies as they are retired as part of the normal, non-discounted retirement process of the cooperative. For the total dollar value of a decedent’s capital credits, both discounted and non-discounted amounts, the representative of the estate must contact the cooperative.

There is no early retirement of capital credits in the case of dissolution of a business, entity, corporation or partnership. To claim payment of future retired capital credits for a business or entity ceasing to exist or has been terminated or dissolved, complete SECTION 3, FORM D: Business or Entity Successorship.

Once Victory Electric receives this *Retirement of Estate Capital Credits Affidavit* and all proper documentation proving ownership by the successors, the request for payment of a decedent’s capital credits will be considered for approval by the board of trustees at the next regularly scheduled meeting. Once approved, the check will be mailed to the executor, administrator, or the listed heirs. *\*Note: Victory Electric cannot assist with obtaining any required documents.*

For additional information or questions, please call Victory Electric at 620-227-2139.

**Is the estate   
for a deceased   
individual?**

**Are the estate assets valued at less than $40k**

**No**

**Estate is   
closed**

**Is the estate open?**

**No, it is a business or entity**

**Yes**

**Complete**

**Sections   
1, 2, & 3**

**START**

**Yes**

**Yes**

**Is there a probate proceeding in court?**

**Yes**

**No**

**No**

**Complete**

**Form A**

**Complete**

**Form B**

**Complete**

**Section 3**

**Form D**

**Complete**

**Form C**

**Complete**

**Form A**

**Required appoint an executor or start probate proceedings**

**If choosing not to claim capital credits, please call or visit our website for the relinquishment of capital credits form.**

RETIREMENT OF ESTATE CAPITAL CREDITS AFFIDAVIT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: MEMBER INFORMATION FOR DECEDENT *\*Required*** | | | | | | | |
|  | | | | | | | |
| Name of deceased member |  | | | | | | |
|  | | | | | | | |
| The above-named member died on *(date)* | | |  | in *(city, state)* | |  | |
|  | | | | | | | |
| Last address where service was received | | |  | | | | |
|  | | | | | | | |
| Mailing address where last bill was sent | | |  | | | | |
|  | |  | | | | | |
| **FOR VICTORY ELECTRIC USE ONLY** | | | | | | | |
|  | | |  | | | | |
| VEC capital credit account # / Customer # | | |  | | | | |
|  | | | | | | | |
| Total un-retired capital credits | | | $ | | Discounted un-retired amount | | $ |
|  | | | | | | | |
| Total current / unclaimed capital credits | | | $ | | GRAND Total *(discounted)* | | $ |
|  | | | | | | | |

|  |  |  |  |  |
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| **SECTION 2: RETIREMENT OPTIONS FOR A DECEDENT’S CAPITAL CREDITS *\*Required*** | | | | |
|  | | | | |
| Representative(s) of the deceased cooperative member’s estate requests capital credits due the estate be paid by the following method. | | | | |
|  |  | **OPTION 1: General capital credit retirement method** | | |
|  |  | The general retirement option pays the heirs/legatees of the decedent the non-discounted capital credits according to the normal retirement process of the cooperative. The heirs/legatees will receive the capital credits as approved and retired by the cooperative’s board of trustees over an approximate 30-year period.   * *If you choose to receive capital credits on the general retirement method, you agreed to provide   address changes until capital credits are fully paid.* | | |
|  | | |  | The decedent’s estate is open/active and in a probate proceeding.   * *Move to* ***SECTION 3, FORM A: PROBATE PROCEEDING****.* |
|  |
|  | | |  | The decedent’s estate is open/active with NO probate proceeding but assets are valued at more than $40k.   * *Initiate probate proceedings OR appoint an executor or administrator.**Move to* ***SECTION 3, FORM A: PROBATE PROCEEDING****.* |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | |  | The decedent’s estate is open/active with NO probate proceeding and assets are valued at less than $40k.   * *Move to* ***SECTION 3, FORM B: NON-PROBATE / SMALL ESTATES****.* |
|  |
|  | | |  | The decedent’s estate (probate or non-probate) was closed prior to this claim for payment of capital credits.   * *Move to* ***SECTION 3, FORM C: SUCCESSORS TO AN ESTATE****.* |
|  |
|  | | |  | A business, entity, corporation or partnership dissolves or ceases to exist as a legal entity.   * *The general retirement method does not apply to dissolution of a business, entity, corporation or partnership. Move to* ***SECTION 3, FORM D: BUSINESS OR ENTITY SUCCESSORSHIP****.* |
|  |
|  |  | **OPTION 2: Early retirement capital credit retirement method** | | |
|  |  | The early capital credit retirement of a deceased member to the heirs/legatees of the estate immediately pays all the capital credits in the deceased member’s account via a lump sum settlement based upon the present day value of the future capital credits (i.e. discounted rate). When the cooperative retires capital credits out of sequence, it has a real cost to the other members but may provide a benefit to the member’s heirs/legatees to receive the money sooner. Therefore, the capital is reduced to reflect the time value of money for the capital credit retirements. With this option, representative(s) agree:   * The receipt of a discounted capital credit refund constitutes full and final settlement of rights to the capital credits and the heirs/legatees of the estate waive any future claim to capital credits. * Capital credits will be discounted based upon the present day value of the capital credits, and the Victory Electric board of trustees determines the rate of discount and the discounting method. * *After selecting Option 1 or Option 2 above, move to* ***SECTION 3: PAYMENT OF CAPITAL CREDITS*** *and choose the form that best fits the decedent’s estate based on the criteria given.* | | |

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| **SECTION 3: PAYMENT OF CAPITAL CREDITS** | ***\*Required to choose the ONE option*** |
|  | |
| The requirements and procedure for the payment of capital credits to a decedent’s estate, or heirs, will vary depending on if a probate proceeding is utilized *(either the probate of a will or the administration of an intestate estate)*, or if it’s a small estate with no probate proceeding.   * If the decedent’s estate is open/active and in a probate proceeding.   + *Complete* ***SECTION 3, FORM A: PROBATE PROCEEDING****.* * If the decedent’s estate is open/active with NO probate proceeding but assets are valued at more than $40k.   + *Initiate probate proceedings OR appoint an executor or administrator and complete* ***SECTION 3, FORM A: PROBATE PROCEEDING****.* * If the decedent’s estate is open/active with NO probate proceeding and assets are valued at less than $40k.   + *Complete* ***SECTION 3, FORM B: NON-PROBATE / SMALL ESTATES****.* * If the decedent’s estate (probate or non-probate) was closed prior to this claim for the payment of capital credits.   + *Complete* ***SECTION 3, FORM C: SUCCESSORS TO AN ESTATE****.* * If a business, entity, corporation or partnership dissolves or ceases to exist as a legal entity.   + *Complete* ***SECTION 3, FORM D: BUSINESS OR ENTITY SUCCESSORSHIP****.* | |

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| **FORM A: PROBATE PROCEEDING** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| *Complete this form if an estate is in probate proceedings and/or if the estate assets are valued at more than $40,000.* | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | |
| In the state of | |  | | , county of | |  | | | | , I, |  | | | | | , certify I am the court |
|  | | | | | | | |  | | | | | | | | |
| appointee, executor or administrator of the estate of *(decedent’s name)* | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| With this affidavit, I certify:   1. I completed all necessary and required sections of the *Retirement of Estate Capital Credits Affidavit*. 2. I included certified copies of the Letters Testamentary OR the Letters of Administration issued by the district court. 3. If OPTION 1 was chosen in SECTION 2 to receive capital credits on the general retirement method, at the completion of the probate or administration proceedings, I agree to provide the final decree or distribution of decedent’s estate and complete SECTION 3, FORM C: SUCCESSORS TO AN ESTATE. | | | | | | | | | | | | | | | | |
| Capital credit payment payable to *(name)* | | | | |  | | | | | | | | | | | |
| Mail capital credit payment to: | | | | | | |  | | | | | | | | | |
| Address |  | | | | | | | | City, State, Zip | | | | |  | | |
|  | | | | | | | | | | | | | | | | |
| The undersigned has full and complete authority and is entitled to receive the capital credit refund due to the decedent and shall be responsible for the proper division and distribution thereof among the persons and parties legally entitled thereto in accordance with the law. This form will be disclosed to any individual who makes a subsequent claim or demand upon the capital credits being claimed hereunder.  The undersigned, for and in exchange for the early payment of capital credits as requested herein, agrees to indemnify and hold harmless The Victory Electric Cooperative Assn., Inc., from any and all damages from such payment. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Date | | |  | | | | | |  | | | | | |  | |
|  | | | | | | | | | | | | | | | | |
| Print name | | |  | | | | | | Signature | | | |  | | | |
|  | | | | | | | | | | | | | | | | |
| Phone number | | |  | | | | | | and/or email address | | | | | |  | |
|  | | | | | | | | | | | | | | | | |
| * *Move to* ***SECTION 4: ACKNOWLEDGEMENT*** *where a notary public should witness your above signature and complete the acknowledgement form.* * *Remember if you choose to receive capital credits on the general retirement method in SECTION 2, at the completion of the probate or administration proceedings, you must provide the final decree or distribution of decedent’s estate and complete* ***SECTION 3, FORM C: SUCCESSORS TO AN ESTATE.*** | | | | | | | | | | | | | | | | |

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| **FORM B: NON-PROBATE / SMALL ESTATE** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| *Complete this form in the event no estate proceeding has been initiated, there will be no future probate court proceedings, and the decedent’s assets are valued at less than $40,000. Also, if a will transfers property to a trust, complete this form with the trust as the beneficiary.* | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| In the state of | | | |  | | | , county of | |  | | | | , I, |  | | of lawful | |
|  | | | | | | | | | | | |  | | | | | |
| age, being first duly sworn upon oath deposes and state *(decedent’s name)* | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | |
| died | |  | **with** or | |  | **without** | | a last will and testament. | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| With this affidavit, I certify:   1. No petition for the appointment of an executor or administrator of the estate is pending or has been granted. 2. All unpaid debts, claims or demands against the decedent or the decedent's estate have been or will be paid. 3. The fair market value of property (probate estate) owned by the decedent at the time of his/her death, less  liens and encumbrances, does not exceed forty thousand dollars ($40,000) in value. 4. I provided a certified copy of the death certificate. 5. I completed all necessary and required sections of this *Retirement of Estate Capital Credits Affidavit*. 6. If I choose to receive capital credits on the general retirement method in SECTION 2, I agree to provide address changes until capital credits are fully paid. 7. The persons named below have the sole and exclusive right to succeed to the personal property of the decedent, and the affiant and the other beneficiaries are over 18 years of age and are legally competent in all respects to make this affidavit and receive the decedent’s personal property and assets. 8. The following are the names, addresses and relationships of the persons entitled to the estate under the will of the decedent or as the heirs (where there is no will): | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | |  |  | | | | | | |
|  | *(Name 1)* | | | | | | | | |  | *(Relationship to decedent)* | | | | | | |
|  |  | | | | | | | | |  |  | | | | | | |
|  | *(Mailing Address)* | | | | | | | | |  | *(City, State, Zip)* | | | | | | |
|  |  | | | | | | | | |  |  | | | | | | |
|  | *(Name 2)* | | | | | | | | |  | *(Relationship to decedent)* | | | | | | |
|  |  | | | | | | | | |  |  | | | | | | |
|  | *(Mailing Address)* | | | | | | | | |  | *(City, State, Zip)* | | | | | | |
|  |  | | | | | | | | |  |  | | | | | | |
|  | *(Name 3)* | | | | | | | | |  | *(Relationship to decedent)* | | | | | | |
|  |  | | | | | | | | |  |  | | | | | | |
|  | *(Mailing Address)* | | | | | | | | |  | *(City, State, Zip)* | | | | | | |
|  |  | | | | | | | | |  |  | | | | | | |
|  | *(Name 4)* | | | | | | | | |  | *(Relationship to decedent)* | | | | | | |
|  |  | | | | | | | | |  |  | | | | | | |
|  | *(Mailing Address)* | | | | | | | | |  | *(City, State, Zip)* | | | | | | |
| *(If more space is needed, please include names on an additional sheet)* | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. In addition to estate capital credits, the decedent's estate consists of the following assets: | | | | | |
|  |  | | | | |
| The undersigned represents the person(s) listed above have full and complete authority and are entitled to receive the capital credit refund due to the decedent, and shall be responsible for the proper division and distribution thereof among the persons and parties legally entitled thereto in accordance with the law. This form will be disclosed to any individual who makes a subsequent claim or demand upon the capital credits being claimed hereunder.  The undersigned, for and in exchange for the early payment of capital credits as requested herein, agrees to indemnify and hold harmless The Victory Electric Cooperative Assn., Inc., from any and all damages from such payment.  Wherefore, affiant hereby requests the above-mentioned property be transferred in the proportions set out above. And further, the affiant saith naught. | | | | | |
| Date | |  |  | |  |
|  | | | | | |
| Print name | |  | Signature |  | |
|  | | | | | |
| Phone number | |  | and/or email address | |  |
|  | | | | | |
| * *Move to* ***SECTION 4: ACKNOWLEDGEMENT*** *where a notary public should witness your above signature and complete the acknowledgement form.* * *Remember if you choose to receive capital credits on the general retirement method in SECTION 2, you agreed to provide address changes until capital credits are fully paid.* | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FORM C: SUCCESSORS TO AN ESTATE** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| *Complete this form to claim and request the payment of retired capital credits in which the decedent’s estate (probate or non-probate) is closed. Also, complete this form if you are currently closing an estate and chose Option 1 in SECTION 2 to receive capital credits via the general retirement method.* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| In the state of | |  | , county of |  | | | | | , I, |  | , certify I was personally | |
|  | | | | |  | | | | | | | |
| acquainted with the below named decedent and hereby make claim to the capital credits assigned by The Victory Electric | | | | | | | | | | | | |
|  | | | | | | |  | | | | | |
| Cooperative Assn., Inc., to the account of *(decedent’s name)* | | | | | | |  | | | | | |
|  | | | | | | | | | | | | |
| My relationship to said decedent is *(spouse, child, sibling, etc.)* | | | | | | |  | | | | | |
|  | | | | | | | | | | | | |
| The undersigned agrees to provide a certified copy of final settlement of the estate of the deceased member **OR** certifies the below named persons are the successors in interest to the assets of the decedent’s estate and agrees to provide a certified copy of the decedent’s death certificate. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  |  | | | | |  | |  | | | |
|  | *(Name 1)* | | | | |  | | *(Relationship to decedent)* | | | |
|  |  | | | | |  | |  | | | |
|  | *(Mailing Address)* | | | | |  | | *(City, State, Zip)* | | | |
|  |  | | | | |  | |  | | | |
|  |  | | | | |  | |  | | | |
|  | *(Name 2)* | | | | |  | | *(Relationship to decedent)* | | | |
|  |  | | | | |  | |  | | | |
|  | *(Mailing Address)* | | | | |  | | *(City, State, Zip)* | | | |
|  |  | | | | |  | |  | | | |
|  |  | | | | |  | |  | | | |
|  | *(Name 3)* | | | | |  | | *(Relationship to decedent)* | | | |
|  |  | | | | |  | |  | | | |
|  | *(Mailing Address)* | | | | |  | | *(City, State, Zip)* | | | |
|  |  | | | | |  | |  | | | |
|  |  | | | | |  | |  | | | |
|  | *(Name 4)* | | | | |  | | *(Relationship to decedent)* | | | |
|  |  | | | | |  | |  | | | |
|  | *(Mailing Address)* | | | | |  | | *(City, State, Zip)* | | | |
|  | *(If more space is needed, please include names on an additional sheet)* | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The undersigned requests payment of any present or future retired and paid capital credits. The undersigned represents the person(s) listed previously have full and complete authority and are entitled to receive the capital credit refund due to the decedent.  The capital credit refund check will be payable to the persons entitled to the funds as evidenced in the final settlement order or as listed above. At the request of the undersigned, the funds will be payable to the undersigned individually, and upon acceptance of such funds, the undersigned agrees to be responsible for the proper distribution thereof among the persons and parties legally entitled thereto in accordance with the law. This form will be disclosed to any individual who makes a subsequent claim or demand upon the capital credits being claimed hereunder.  The undersigned, for and in exchange for the early payment of capital credits as requested herein, agrees to indemnify and hold The Victory Electric Cooperative Assn., Inc., from any and all damages from such payment. | | | | |
| Date |  |  | |  |
|  | | | | |
| Print name |  | Signature |  | |
|  | | | | |
| Phone number |  | and/or email address | |  |
|  | | | | |
| * *Move to* ***SECTION 4: ACKNOWLEDGEMENT*** *where a notary public should witness your above signature and complete the acknowledgement form.* | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FORM D: BUSINESS OR ENTITY SUCCESSORSHIP** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| *There is no early retirement of capital credits in the case of dissolution of a business, entity, corporation or partnership. To assign a successor to claim payment of future retired capital credits for a business or entity ceasing to exist or has been terminated or dissolved, complete this form.* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| The undersigned, being first duly sworn, on oath deposes and states: | | | | | | | | | | | | | | | | | | | |
| 1. The name and former address of the business receiving electric service from The Victory Electric Cooperative Assn., Inc., is as follows: | | | | | | | | | | | | | | | | | | | |
|  | | | 1. Business name or entity name on account | | | | | | | |  | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | |
|  | | | 1. Address where service was received | | | | | | | |  | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | |
|  | | | 1. Mailing address where last bill was sent | | | | | | | |  | | | | | | | | |
| 1. The above described business or entity has ceased to exist and no longer exists as a legal entity. | | | | | | | | | | | | | | | | | | | |
| 1. The above described business was a: *(Check one)* | | | | | | | | | | | | | | | | | | | |
|  | |  | | Sole proprietorship | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | |
|  | |  | | Corporation | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | |
|  | |  | | Limited Liability Company or Limited Liability Partnership | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | |
|  | |  | | Partnership | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | |
|  | |  | | Other *(please describe)* | | | |  | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | |
| 1. The names and addresses of the persons who were entitled to receive the assets of the business or entity upon dissolution and who did receive the assets are as follows: | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | | | |
|  | Name 1 | | | | | |  | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | | | |
|  | Mailing address | | | | | |  | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | | | |
|  | Name 2 | | | | | |  | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | | | |
|  | Mailing Address | | | | | |  | | | | | | | | | | | | |
|  | *(If there are additional successors, attach a separate sheet)* | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| The undersigned requests payment of any present or future capital credits that will be retired and paid. The undersigned certifies the above-named persons are the successors in interest to the assets of the entity named above. The undersigned agrees to release and hold harmless, The Victory Electric Cooperative Assn., Inc., from liability for payment to the above successors in interest. | | | | | | | | | | | | | | | | | | | |
| Date | | | | |  | | | | |  | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Print name | | | | |  | | | | | Signature | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Phone number | | | | |  | | | | | and/or email address | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| * *Move to* ***SECTION 4: ACKNOWLEDGEMENT*** *where a notary public should witness your above signature and complete the acknowledgement form.* | | | | | | | | | | | | | | | | | | | |
| **SECTION 4: ACKNOWLEDGEMENT** | | | | | | | | | | | | | | | | | | ***\*Required*** | |
|  | | | | | | | | | | | | | | | | | | | |
| Subscribed and sworn to before me on this | | | | | | | | |  | day of | |  | | | | , 20 |  | |
|  | | | | | | | | | | | | | | | | | | | |
| Notary signature | | | | | |  | | | | | | | | | Appt. expires | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| *(Seal / Stamp)* | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **SUBMISSION OF AFFIDAVIT AND REQUIRED DOCUMENTS** |  |
|  | |
| The *Retirement of Estate Capital Credits Affidavit* and all proper documentation proving ownership by successors can be:   * Mailed to Victory Electric Cooperative at P.O. Box 1335 Dodge City, KS 67801; * Delivered to the cooperative’s office at 3230 North 14th Avenue in Dodge City; or * Emailed to memberservices@victoryelectric.net | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR INTERNAL USE ONLY** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Received by *(initials)* | | | |  | Date: |  |
|  | | | | | | | |
|  |  | Application is complete | | | | | |
|  | | | | | | | |
|  |  | Application is incomplete | | | | | |
|  |  | **Incomplete applications cannot be processed.** The following information needs to be completed or documents provided by the estate representative before being processed by Victory Electric. | | | | | |
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