

TRANSFER ON DEATH

Designation of Beneficiary Form



Member Information *(print legibly)*

Name _____

Member or Capital Credits Number _____

Address _____

City, State, Zip _____ Phone # _____

To be effective, this Designation of Beneficiary Form must be received and accepted by Butler Rural Electric Cooperative prior to the member's death. Keep a copy of this form for your records. Send the original signed and notarized form to **3888 Stillwell Beckett Road, Oxford, OH 45056**.

The member listed above designates the following as the beneficiary(ies) of their capital credits account with Butler Rural Electric Cooperative to be transferred upon their death to:

Designated Beneficiaries*

One primary beneficiary should be listed. The secondary beneficiary will only receive capital credits if the primary beneficiary is deceased. If both the primary and secondary beneficiaries are deceased, the capital credits will pass through the member's estate.

**A power of attorney cannot name themselves as a beneficiary. If completed by a power of attorney, include a copy of the document granting authority to act on behalf of the member.*

Primary Beneficiary

Full Legal Name _____

Phone # _____ Relationship _____ Date of Birth _____

Last 4 Digits of Social Security # _____

Street Address _____

City _____ State _____ Zip Code _____

Secondary Beneficiary

Full Legal Name _____

Phone # _____ Relationship _____ Date of Birth _____

Last 4 Digits of Social Security # _____

Street Address _____

City _____ State _____ Zip Code _____

This document must be signed and notarized. See next page for SIGNATURE AND ACKNOWLEDGMENT

Required Signature

Butler Rural Electric Cooperative is authorized to transfer my capital credits account with the cooperative upon my death in accordance with the policies of the cooperative to the primary beneficiary named herein or to the secondary beneficiary should the primary predecease me. This designation supersedes all prior designations and remains in effect until amended or revoked by me via written instructions to do so.

Member Signature

Date

Last 4 Digits of Social Security # _____

ACKNOWLEDGEMENT

State of _____)

County of _____)

BEFORE ME, the undersigned authority, on the _____ day of _____,
(Day) (Month)

_____ personally appeared _____, known to me to be the
(Year) (Name)

person whose name is subscribed to the foregoing instrument, and acknowledged to

me they did sign the foregoing instrument, the signing being a free act and deed

and for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this _____ day of _____, 20____.

Notary Public

State of _____

Commission expiration date _____

(Seal)