

MID-CAROLINA ELECTRIC COOPERATIVE, INC.
PROVIDED SERVICES AND APPLICABLE CHARGES

<u>ELECTRICAL SERVICES</u>	<u>CHARGE</u>
Membership Fee	\$ 15.00
No or Bad Credit Deposit (Minimum)	\$ 150.00
Final notice processed and mailed	\$ 4.00
Trip or Reconnect non-payment by Meter Technician (regular/after hours)	\$ 35.00/50.00
Trip or Reconnect non-payment by Service/Line Crew (regular/after hours) ...	\$ 75.00/125.00
Return check charge	\$ 25.00
Connect new service after regular hours (existing meter connection).....	\$ 50.00
Residential Surge Guard installation	\$ 250.00
Commercial Surge Guard installation	\$ 300.00
Residential Energy Audit	\$ 25.00
Commercial Energy Audit	\$ 50.00
Additional required facilities	\$ Cost Difference of Standard Installation
Manual Switch Installation for outdoor lighting.....	\$ 200.00
Change out type of outdoor lighting (at consumer request)	\$ 200.00
Relocate outdoor lighting pole (30' typical)	\$ Actual Costs
<u>METERING FEE</u>	
Meter Test Fee – (single & poly phase)	\$ 25.00
Meter Relocate Fee	\$ Actual Costs
Meter Tampering Fee	\$ 150.00
<u>SERVICE INSTALLATION</u>	
Account set-up and installation	\$ 10.00
Connect service after regular hours by service crew	\$ 75.00
Primary underground installation	\$ 10.00/ft.
(single phase, not in underground subdivision, new construction only)	
Secondary underground installation (not in underground subdivision)	\$ 200.00 plus \$2.50/ft.
Replace existing overhead service with underground service	\$ 200.00 plus \$2.50/ft.
Relocate existing underground service	\$ 200.00 plus \$2.50/ft.
Residential underground subdivision charge per lot	\$ 1,000.00 total electric or 1,550 otherwise
(with contract/paid in advance)	
Residential underground subdivision charge for underground lines over 100 ft. per lot average	\$ 16.67/ft.
<u>GENERAL</u>	
House moving assistance (A deposit for estimated cost as well as a signed contract will be required with an advance of a five (5) day notice)	\$ Actual Costs
Unclaimed Capital Credit Account Maintenance	\$ 5.00/month

Members of the Cooperative are automatically enrolled in Operation Round Up®. By rounding up electric bills to the next highest dollar, these funds are distributed to approved local charities and needy individuals. Members may opt-out by contacting the Cooperative.

**ELECTRIC SERVICE DEPOSIT
COSIGNER AGREEMENT**

I, _____(cosigner), a member of Mid-Carolina Electric Cooperative, Inc., (MCEC) for the past twelve months, hereby request a waiver of the cash deposit in the amount of \$150.00 for providing electric service to _____ (applicant).

I agree that if electric service to the aforesaid applicant is terminated for any reason within two years from the date of initial service and the final bill thereon is not paid in full, then I will promptly pay MCEC any such unpaid balance up to \$150.00. I authorize MCEC to transfer and charge such unpaid amount to my account to be included in and to be due and payable as part of my first monthly bill following the transfer.

This agreement shall automatically terminate upon payment of the deposit amount. This agreement is not applicable if a deposit requirement exceeds the minimum \$150.00. This agreement becomes null and void if a deposit is increased from the minimum during the obligatory term of the cosigner. The total deposit then becomes due and payable.

COSIGNER Signature _____
Date

Account # _____ Address _____ CIN # _____
Soc Sec # _____ - _____ - _____ DL # _____ (State) _____

Notary/Seal _____ Date _____
(or witness if executed at MCEC office)

MCEC Representative _____
Date

I (applicant) agree to immediately pay MCEC the required deposit if within two years from the date of my initial service (1) the MCEC membership of the cosigner is terminated; (2) the cosigner fails to maintain an MCEC "A" credit rating; or (3) I (applicant) have failed to maintain an "A" credit rating during the last twelve months of the agreement period.

APPLICANT Signature _____
CIN # _____
Date

rev. 6/01/2007 Acct # _____



BANK DRAFT AUTHORIZATION FORM

DIRECTIONS: Please complete this bank draft authorization form and return along with a voided check from your bank.

MCEC ACCOUNT NUMBER: _____

NAME OF BANK: _____

As a convenience to me, and in accordance with the following information, I hereby authorize Mid-Carolina Electric Cooperative to draw drafts against my account for payment of my electric bills. I further authorize the bank to pay these draws from my account. This draft is to remain in force until my intent to withdraw is given in writing to Mid-Carolina Electric Cooperative and the bank at least 30 days prior to the presentation of a draft or revoked by Mid-Carolina for two dishonored drafts within six months.

SIGNATURE ACCEPTED BY BANK

DATE

CHECKING

SAVINGS

TELEPHONE #: _____
HOME

WORK

List any additional MCEC account numbers that you want drafted from this bank account.

Choose draft date: 10 days after bill date 20 days after bill

Note: A special message on your bill will notify you of the effective date your account will be drafted and the amount to be drafted. Please continue to pay your bill until you receive this special message.

***** A VOIDED CHECK MUST ACCOMPANY THIS FORM *****

PLEASE MAIL THIS FORM WITH YOUR VOIDED CHECK TO:

Mid-Carolina Electric Cooperative
Member Services
P.O. Box 669
Lexington, SC 29071-0669

NAME CHANGE
for CIN #: _____

Mid-Carolina will change the name on your account as soon as this form is completed and returned to our office. If you have any questions regarding the completion of this form, please call Customer Service at 749-6400 or toll-free in state at 1-888-813-8000.

Account Name: _____

Address: _____

CHANGE NAME TO: _____

Reason for Change (check which applies):

MARRIAGE to (spouse's full name): _____
Spouse's social security number: _____
Spouse's driver's license #: _____ State: _____

DEATH of Spouse – Death Certificate required

DIVORCE

OTHER (explanation): _____

Member Signature: _____

Member Social Security #: _____

Member Driver's License #: _____ State: _____

Home Telephone #: _____ Work Telephone #: _____

Customer Service Representative: _____

MEMBERSHIP TRANSFER

CIN #: _____

In submitting this form, you are authorizing Mid-Carolina Electric Cooperative to transfer to the person named your membership fee, any deposit paid, all active accounts in your name and all capital credits.

All information is required; both signatures must be notarized if not signed at an MCEC office.

Transfer from the name of: _____

Mailing Address: _____

Social Security #: _____ - _____ - _____ Driver's License #: _____ State: _____

Signature: _____
(If not signed at MCEC office, must be notarized)

Sworn to me this _____ day of _____, _____ or Witnessed by: _____
MCEC Employee

Notary's name _____ Notary's signature _____

Notary Public of South Carolina
My Commission expires _____

Transfer to the name of: _____
(individual or joint)

Mailing Address : _____

New Member Social Security #: _____ - _____ - _____ Driver's License #: _____ State: _____

Telephone #: (Home) _____ (Work) _____

Place of Employment: _____

Reason for Change: _____

Signature: _____
(if not signed at MCEC office, must be notarized):

Sworn to me this _____ day of _____, _____ or Witnessed by: _____
MCEC Employee

Notary's name _____ Notary's signature _____

Notary Public of South Carolina
My Commission expires _____

ACCOUNT AUTHORIZATION FORM

CIN: _____

The Federal Government has created mandatory guidelines that Mid Carolina Electric Cooperative, Inc. (MCEC) must follow to help prevent identity theft. For our member's protection, only authorized members of the account will be able to obtain information. For all inquiries by telephone, Customer Service Representatives will verify and confirm the caller's identity.

*MCEC must have written authorization for the account holder(s) for any person(s) not on the original application to give any information about the account or to make any changes. **In submitting this form you are authorizing Mid Carolina Electric Cooperative to give the person(s) listed on this form limited access to your electric account.***

** MCEC reserves the right to determine eligibility for all authorizations. **

I, _____, authorize _____ to act on my behalf, and have limited access to information on my electric account(s). This includes obtaining balance due and billing information, making payment arrangements and inquires about termination due to non payment.

Does the authorized person **reside** at the location of the electric account? YES NO

Account Name: _____	Drivers License# _____ State: _____
Address: _____	Social Security # _____
	Phone # _____
Photo Copy ID <input type="checkbox"/> YES	Date of Birth _____

Account Holder Signature: _____ Date: _____

MCEC Employee Signature: _____ Date: _____

Auth User Name: _____	Drivers License# _____ State: _____
Address: _____	Social Security # _____
	Phone # _____
Photo Copy ID <input type="checkbox"/> YES	Date of Birth _____

Authorized User Signature: _____ Date: _____

MCEC Employee Signature: _____ Date: _____

This form must be filled out completely, signed by all parties and ID provided in our office to be valid.



PO Box 669
Lexington, SC 29071

Account Number: 930000699		Amount Due \$25.00 Due Date 07/28/16
Member: MID-CAROLINA MEMBER		
PREVIOUS BALANCE	\$0.00	
TOTAL PAYMENTS	\$0.00	
BALANCE FORWARD	\$0.00	
CURRENT MONTH CHARGES	\$25.00	

Office Hours: 8 a.m. to 5:00 p.m. Monday - Friday
Telephone: (803) 749-6400 Toll-Free: (888) 813-8000
Easy Pay: (803) 749-6500 or (888) 850-6770
Visit us online at www.mcecoop.com

Messages from MCEC

- Summer On-Peak hours are 4 p.m. - 7 p.m. through October 31st.
- Thanks for your patience with longer call times as we upgrade our software to better serve our members.
- See what you are missing - download SmartHub today!

MID-CAROLINA MEMBER
123 ANY ST
ANYTOWN SC 00000-0000



Meter Number	Previous Reading	Present Reading	Reading Dates	Energy Usage	On-Peak/Demand Usage
36342814	4045	4045	06/30 to 06/30	0	0.0
Number of Days: 0 On-Peak Occurred: 06/30/2016 5:00 PM - 6:00 PM Average Cost Per Day:					

**Explanation of Current Charges
Statement Date 07/08/16
Usage Period 06/30/16 to 06/30/16**

Code: NEW ACCOUNT	
Membership Applied	\$15.00
Account Setup And Installation	\$10.00
CURRENT MONTH CHARGES	\$25.00

Service Address: 123 ANY ST
Service Description: RESIDENCE
Location: 215-93-001
Rate Schedule: Residential/Farm Service
Multiplier: 1.0

PLEASE READ BACK OF BILL FOR OTHER IMPORTANT INFORMATION

PLEASE DETACH BOTTOM PORTION AND RETURN WITH YOUR PAYMENT



Account Number: 930000699	Amount Due \$25.00 Due Date 07/28/16
Location: 215-93-001	

9300000699000025000000250000000000

Amount Paid _____

Statement Date: 07/08/16
Account Name: MID-CAROLINA MEMBER
Service Address: 123 ANY ST
ANYTOWN, SC 00000

MID-CAROLINA ELECTRIC COOPERATIVE INC
PO BOX 669
LEXINGTON, SC 29071-0669



CHECK THIS BOX TO RECORD CHANGES ON BACK

Account Number	Account Name	Service Location	Statement Date
9300000699	MID-CAROLINA MEMBER	RESIDENCE 123 ANY ST	07/08/16

Billing Comparisons	Days	kWh Used	Avg kWh Per Day	On-Peak/Demand Usage	Total Charges
Current Billing Month	0	0	0	0.000	0.00
Previous Billing Month	35	0	0		0.00
Same Month Last Year	33	0	0		0.00

**TO REPORT A POWER OUTAGE
DAY OR NIGHT
CALL 749-6444 or (888) 813-7000
PLEASE MAKE SURE WE HAVE THE
CORRECT PHONE # FROM WHICH YOU
MAKE OUTAGE CALLS (SEE BELOW)**

COMMENTS

**PHONE NUMBER USED TO IDENTIFY YOUR
ACCOUNT WHEN REPORTING A POWER OUTAGE**
Present Number on File: (803)555-5555
CORRECT NUMBER: _____

MAILING ADDRESS CORRECTIONS

Street or PO Box _____

City _____ State _____ Zip _____

**ACCOUNT NUMBER: 9300000699
ACCOUNT NAME: MID-CAROLINA MEMBER**



PO Box 669
Lexington, SC 29071

Account Number: 4701188135		Amount Due \$97.00 Due Date 08/02/16
Member:		
PREVIOUS BALANCE	\$109.00	
TOTAL PAYMENTS	\$109.00CR	
BALANCE FORWARD	\$0.00	
CURRENT MONTH CHARGES	\$97.00	

Office Hours: 8 a.m. to 5:00 p.m. Monday - Friday
 Telephone: (803) 749-6400 Toll-Free: (888) 813-8000
 Easy Pay: (803) 749-6500 or (888) 850-6770
 Visit us online at www.mcecoop.com

Messages from MCEC

- Summer On-Peak hours are 4 p.m. - 7 p.m. through October 31st.
- Thanks for your patience with longer call times as we upgrade our software to better serve our members.
- See what you are missing - download SmartHub today!

MID-CAROLINA MEMBER
 123 ANY ST
 ANYTOWN SC 00000-0000



Meter Number	Previous Reading	Present Reading	Reading Dates	Energy Usage	On-Peak/Demand Usage
123055897	10774	11445	06/07 to 07/07	671	2.56
Number of Days: 30 On-Peak Occurred: 06/20/2016 6:00 PM - 7:00 PM Average Cost Per Day: 3.23					

**Explanation of Current Charges
 Statement Date 07/13/16
 Usage Period 06/07/16 to 07/07/16**

Account Charge		\$24.00
Energy Charge	671 kWh@ 0.047	\$31.54
On-Peak/Demand Charge	2.560 kW@ 12.00	\$30.72
100 Watt Hps Open (Qty: 1)		\$10.00
Operation Round Up		\$0.74
CURRENT MONTH CHARGES		\$97.00

Service Address: 123 ANY ST
 Service Description: RESIDENCE
 Location: 269-86-008
 Rate Schedule: Residential/Farm Service
 Multiplier: 1.0

PLEASE READ BACK OF BILL FOR OTHER IMPORTANT INFORMATION

PLEASE DETACH BOTTOM PORTION AND RETURN WITH YOUR PAYMENT



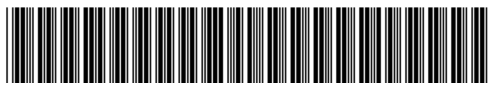
Account Number: 4701188135	Amount Due \$97.00 Due Date 08/02/16
Location: 269-86-008	

4701188135000097000000970000000000

Amount Paid _____

Statement Date: 07/13/16
 Account Name: MID-CAROLINA MEMBER
 Service Address: 123 ANY ST
 ANYTOWN, SC 00000

MID-CAROLINA ELECTRIC COOPERATIVE INC
 PO BOX 669
 LEXINGTON, SC 29071-0669

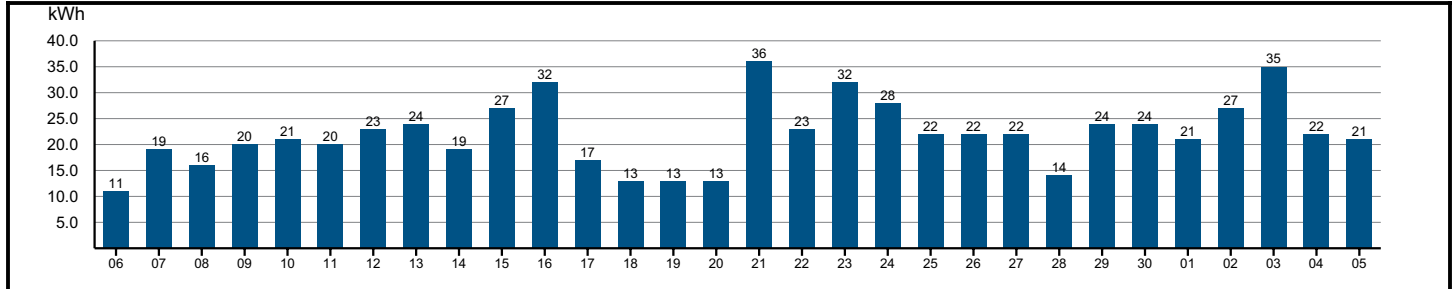


CHECK THIS BOX TO RECORD CHANGES ON BACK

Account Number	Account Name	Service Location	Statement Date
4701188135	MID-CAROLINA MEMBER	RESIDENCE 123 ANY ST	07/13/16

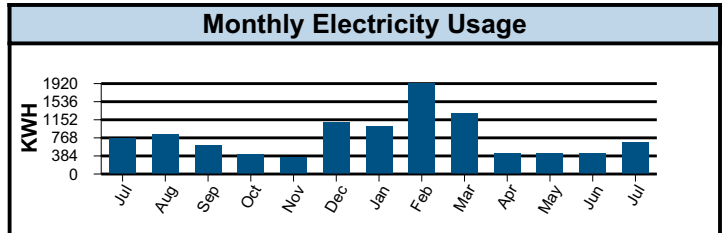
Billing Comparisons	Days	kWh Used	Avg kWh Per Day	On-Peak/Demand Usage	Total Charges
Current Billing Month	30	671	22	2.560	97.00
Previous Billing Month	31	439	14	4.096	105.00
Same Month Last Year	30	758	25	0.000	117.00

Energy Usage (kWh) by Day:



Temperatures

High	76	93	88	87	93	94	99	95	97	94	99	97	88	85	91	94	98	100	99	99	92	93	92	93	98	104	100	102	99		
Low	73	73	64	63	67	74	76	74	75	74	77	77	71	64	63	70	74	76	80	74	78	71	76	76	73	73	76	78	78	78	76



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DAY OR NIGHT
CALL 749-6444 or (888) 813-7000
PLEASE MAKE SURE WE HAVE THE
CORRECT PHONE # FROM WHICH YOU
MAKE OUTAGE CALLS (SEE BELOW)**

COMMENTS

**PHONE NUMBER USED TO IDENTIFY YOUR
ACCOUNT WHEN REPORTING A POWER OUTAGE**
Present Number on File: (803) 555-5555
CORRECT NUMBER: _____

MAILING ADDRESS CORRECTIONS

Street or PO Box _____
City _____ State _____ Zip _____

ACCOUNT NUMBER: 4701188135
ACCOUNT NAME: MID-CAROLINA MEMBER



PO BOX 669
LEXINGTON SC 29071-0669

CUSTOMER SERVICE CONTACT INFORMATION

PO BOX 669 – Lexington, SC 29071-0669
(803) 749-6400 or (888) 813-8000
Easy Pay (803) 749-6500 or (888) 850-6770
www.mcecoop.com

ACCOUNT NUMBER	RATE DESCRIPTION
8900800301	RESIDENTIAL/FARM SERVICE
DATE	FOR SERVICE AT
06/27/2016	123 ANY ST

MID-CAROLINA MEMBER
123 ANY ST
ANYTOWN, SC 00000-0000

FINAL NOTICE



Your account as previously notified remains past due in the amount of \$153.00, and your electric service will be disconnected unless payment in full is received in our office by 5:00 p.m. on JULY 04, 2016. A \$4.00 late fee has been added to your account.

You have the right to a hearing before a representative of the Cooperative who is authorized to accept payment and assist with payment arrangements. UPON YOUR REQUEST, a hearing will be scheduled at our office on a regular workday between 8 a.m. and 5 p.m.

YOUR ELECTRIC SERVICE WILL BE SUBJECT TO TERMINATION:
IF THE ACCOUNT IS NOT PAID IN FULL BY 5:00 P.M. JULY 04, 2016
AND YOU HAVE FAILED, AT A HEARING REQUESTED BY YOU AND SCHEDULED
PRIOR TO 5:00 P.M. ON JULY 04, 2016, TO SHOW GOOD CAUSE WHY
THE ELECTRIC SERVICE SHOULD NOT BE TERMINATED.

Customers with serious medical problems may avoid termination by submitting a completed medical certificate (available at the Cooperative) which must be signed by the physician.

No collections will be made by MCEC personnel at consumer's location.

Pay by phone by calling 749-6500 or 1-888-850-6770.

To reconnect between 8 a.m. and 5 p.m. Monday through Friday (except holidays), add a \$35.00 service charge. All other hours, including weekends and holidays, add a \$50.00 reconnection charge.

(NO RECONNECTIONS BETWEEN 7:00 p.m. AND 8:00 a.m.)

Please detach and return lower portion with your payment

FINAL NOTICE

Notice: If amount includes arrangement or returned check, the due date may be different than shown here. Call member services at 749-6400 with your inquiries.

ACCOUNT NUMBER	TOTAL DUE
8900800301	153.00

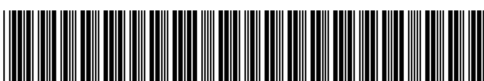
PAYMENT DUE BEFORE 5:00 PM

8900800301000153000001530000015300

ON 07/04/2016

MID-CAROLINA MEMBER
123 ANY ST
ANYTOWN, SC 00000-0000

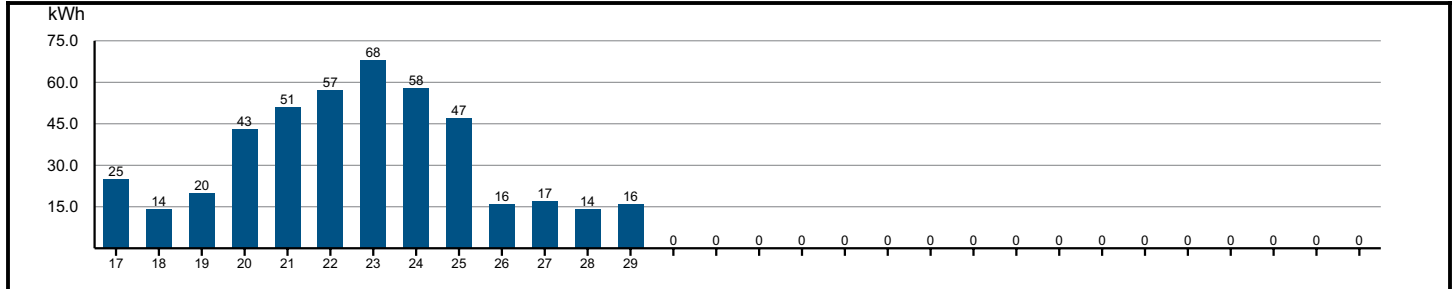
MID-CAROLINA ELECTRIC COOPERATIVE INC
PO BOX 669
LEXINGTON SC 29071-0669 02



Account Number	Account Nam	Service Location	Statement Date
1101074031	MID-CAROLINA MEMBER	HOUSE 123 ANY ST	07/08/16

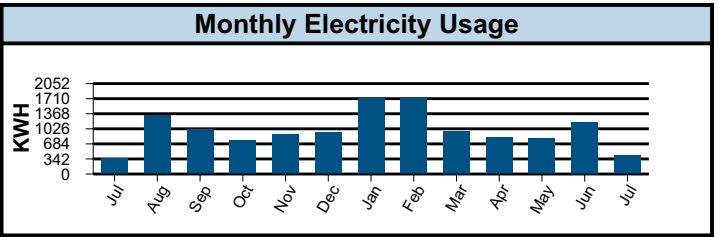
Billing Comparisons	Days	kWh Used	Avg kWh Per Day	On-Peak/Demand Usage	Total Charges
Current Billing Month	12	427	36	5.184	57.46
Previous Billing Month	31	1181	38	5.888	159.00
Same Month Last Year	30	350	12	0.000	48.00

Energy Usage (kWh) by Day:



Temperatures

High	97	88	85	91	94	98	100	99	99	92	93	92	93
Low	77	71	64	63	70	74	76	80	74	78	71	76	76



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CALL 749-6444 or (888) 813-7000
PLEASE MAKE SURE WE HAVE THE
CORRECT PHONE # FROM WHICH YOU
MAKE OUTAGE CALLS (SEE BELOW)**

COMMENTS

**PHONE NUMBER USED TO IDENTIFY YOUR
ACCOUNT WHEN REPORTING A POWER OUTAGE**

Present Number on File: (555)555-5555

CORRECT NUMBER: _____

MAILING ADDRESS CORRECTIONS

Street or PO Box _____

City _____ State _____ Zip _____

**ACCOUNT NUMBER: 1101074031
ACCOUNT NAME: MID-CAROLINA MEMBER**



PO Box 669
Lexington, SC 29071-0669

MID-CAROLINA MEMBER
123 ANY ST
ANYTOWN SC 00000-0000



RE: Electric Service Account #1101716015

Our records indicate that your closing bill with Mid-Carolina Electric Cooperative in the amount of \$390.00 has not been paid to date and is past due.

Without receipt of payment within 10 days from the date of this letter, your unpaid and past due account will be sent to the credit bureau and to a collection agency for collection.

Sincerely,

Mid-Carolina Electric Cooperative, Inc.

Detach and return lower part with your payment

07/22/2016

*** PAST DUE ***

Account # 1101716015	\$390.00
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1101716015 # Important Notice

MID-CAROLINA MEMBER
123 ANY ST
ANYTOWN SC 00000-0000

Make check payable to:
Mid-Carolina Electric Cooperative, Inc.
PO Box 669
Lexington SC 29071-0669

REVOCATION OF ACCOUNT ACCESS AUTHORIZATION

The Federal Government has created mandatory guidelines that Mid Carolina Electric Cooperative, Inc. (MCEC) must follow to help prevent identity theft. You have previously provided to MCEC written authorization from the account holder(s) for another person(s) not on the original membership application to receive information about the account or to make changes to the account.

The processing of the Revocation of Account Authorization requires some time to update in all of MCEC's systems and contractor databases. It may take as long as 30 days to complete. While MCEC intends to cancel the authorization as quickly as possible, the undersigned member(s) acknowledge and understand that account information may be given out to the person authorized on the earlier Account Access Authorization form provided to MCEC up to 30 days after the attached Revocation of Account Access Authorization and all required documentation is received by MCEC.

The undersigned member(s) releases the Cooperative from any and all liability, damages, costs of every kind and nature for damage which may occur as a result of allowing a person authorized on the Account Access Authorization form being changed or revoked to access or change account information during the first 30 days after the member(s) submit the Revocation of Account Access Authorization to MCEC and hereby agrees to hold the Cooperative harmless from any and all such liability.

By signing below, I hereby **CANCEL AND REVOKE** all access to my (our) account previously given to _____.

(A copy of the Account Authorization being revoked or changed must be attached to this form).

Account Name: _____	Driver's License# _____ State: _____
Address: _____	Social Security # _____
_____	Phone # _____
Photo Copy ID <input type="checkbox"/> Yes	Date of Birth _____
Account Holder Signature: _____	Date: _____
MCEC Employee Signature: _____	Date: _____

Date: _____

ASSIGNMENT OF ALLOCATED BUT UN-RETIRED CAPITAL CREDITS

For valuable consideration, the receipt and sufficiency of which is hereby acknowledged,

_____ (“Assignor”) hereby transfers, conveys, and assigns to _____ (“Assignee”) all of Assignor’s right, title, and interest in and to the allocated but un-retired Capital Credits to which the Assignor may become entitled from Mid-Carolina Electric Cooperative, Inc., Capital Credit Account No. _____. The undersigned Assignor and Assignee acknowledge that their rights to allocated but un-retired Capital Credits are conditioned or contingent and no right to payment exists until all or a part of the Capital Credits reflected in this Account are retired at the discretion of the Board of Directors of Mid-Carolina Electric Cooperative, Inc.

Assignee acknowledges and agrees that it may not transfer allocated but un-retired Capital Credits without the express written permission of Mid-Carolina Electric Cooperative, Inc.

Dated this _____ day of _____, 20____.

Assignor Signature

Assignee Signature

Assignor Printed Name

Assignee Printed Name

Address

Address

Address

Address

CONSENT

The undersigned, Mid-Carolina Electric Cooperative, Inc. consents to the foregoing Assignment regarding Capital Credit Account No. _____.

Dated this _____ day of _____, 20____.

Chief Executive Officer
Mid-Carolina Electric Cooperative, Inc.

Instructions

This form should be filled out completely and accurately by all remaining equity owners of the business. No distributions of Capital Credits shall be made unless:

- All remaining owners, or their heirs and assigns, have read and completed the Affidavit and Indemnity Agreement.
- The Affidavit and Indemnity Agreement has been properly signed, dated, and notarized.
- The remaining owners have provided any and all relevant documentation to support their claim to receive the Capital Credits.
- A review of the documentation provided supports the remaining owners' claim to the Capital Credits.

Required Documentation

Corporation

- Certified copy of the Articles of Dissolution filed with Secretary of State with attached Plan of Dissolution filed with the Secretary of State
- List of shareholders

Limited Liability Company (LLC)

- Certified copy of Articles of Termination
- Certified Copy of Operating Agreement, if available
- List of members

Limited Partnership

- Certified copy of Certificate of Limited Partnership from the Secretary of State
- Written consent to dissolution of all partners, if available

Partnership

- Copy of the partnership agreement, if available
- Decree of judicial dissolution, if available

Sole Proprietorship

- Only Affidavit and Indemnity Agreement required

Additional Space for Owner Information

Full Name <small>(Last, First, Middle Initial)</small>	Current Address	Social Security Number	Percent Ownership
(4) _____	Street: _____ City: _____ State: ____ Zip: _____	____ - ____ - ____	____ %
(5) _____	Street: _____ City: _____ State: ____ Zip: _____	____ - ____ - ____	____ %
(6) _____	Street: _____ City: _____ State: ____ Zip: _____	____ - ____ - ____	____ %
(7) _____	Street: _____ City: _____ State: ____ Zip: _____	____ - ____ - ____	____ %
(8) _____	Street: _____ City: _____ State: ____ Zip: _____	____ - ____ - ____	____ %
(Must equal 100% and include percentages from page 1) TOTAL			____ %

Signature (4)

Signature (5)

Signature (6)

Printed Name (4)

Printed Name (5)

Printed Name (6)

Signature (7)

Signature (8)

Printed Name (7)

Printed Name (8)

CHECK REQUEST FOR ESTATE CAPITAL CREDITS

The Estate of _____ (Name of deceased MCEC member) requests, on this date _____ that all Capital Credits currently in the account of the deceased member named above, CIN # _____ be paid to the estate in one payment. Lump sum retirement of capital credits for the estate will be discounted in accordance with the Cooperative's Service Rules and Regulations (Section 500.506).

Please include copies of the following:

1. Affidavit for Collection . . . Small Estate Proceeding

or

Certified Copy of Order from Probate appointing a Personal Representative

and

2. Certified Copy of Death Certificate

Check to be sent to the following address:

Document Received by _____ (CSR)

Document Reviewed by _____ (CS Coordinator)

Date _____



I-20 AND ROAD 204
POST OFFICE BOX 669
LEXINGTON, SC 29071-0669
(803) 749-6555 • IN SC 1-888-813-9000
FAX: (803) 749-6466
E-MAIL: www.mcecoop.com

UNCLAIMED CAPITAL CREDITS CLAIM FORM

I. Person Claiming:

Full Name(s): _____

Current Address: _____

Daytime Phone Number: _____

II. Original Owner:

Full Name: _____

Address where electric service was received: _____

Name of Co-owner if Joint Account: _____

III. Property Claimed:

Customer Identification Number: _____

Year(s): _____

IV. Claim:

The undersigned claimant(s) identified in Section I above, claim a legal or equitable ownership interest in the retired but unpaid capital credits listed in Section III above and agree(s) to hold harmless and indemnify Mid-Carolina Electric Cooperative, Inc. from any other valid claim made to such unclaimed capital credits or from any loss resulting from the payment of this claim.

Claimant

Co-Claimant (if applicable)

SWORN and subscribed to before me

this ____ day of _____, 20____.

- (L.S.)

Notary Public for _____

My Commission Expires: _____

INSTRUCTIONS TO CLAIMANT'S OF RETIRED BUT UNCLAIMED CAPITAL CREDITS

1. After completely filling out the information in Sections I, II and III, sign your name(s) in Section IV before a notary public. This is a sworn statement under oath.
2. Attach the following items to verify your claim:
 - a. A photocopy of your Driver's License or other valid, government issued photo identification.
 - b. The last four digits of your Social Security Number: _____
 - c. Documentation (such as a Mid-Carolina Electric Cooperative, Inc. billing statement) that proves you were the account holder of the account for the years claimed in Section III. If no such documentation can be provided, attach a written statement that you were the account holder during the years claimed. Example of statement: I, John Doe, was the electric account holder at _____ (address) _____ during the year(s) _____.
3. If you are claiming capital credits held in the account of a deceased person, provide 2.a. above and provide:
 - a. Affidavit for Collection/Small Estate Proceeding or Certified Copy of an Order from the Probate Court appointing you as Personal Representative of the deceased account-holder's Estate; and
 - b. A Certified Copy of the deceased account-holder's Death Certificate.
4. For business or organization accounts, in addition to 2.a. above, provide a completed and notarized copy of the Affidavit of Indemnity Agreement attached as Business Organization Form.
5. Return this entire form with all sections completed and ALL requested documentation attached to:
Mid-Carolina Electric Cooperative, Inc.
P.O. Box 669
Lexington, South Carolina 29071
Allow ten weeks for processing after all documentation is received.
6. For further information you may contact:
Customer Service at (803) 749-6400 or (888) 813-8000