



I-20 AND ROAD 204  
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LEXINGTON, SC 29071-0669  
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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/Account 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.
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**