



Okefenoke Rural Electric Membership Corporation
APPLICATION FOR UNCLAIMED CAPITAL CREDIT FUNDS

Name: _____ (As it appears on the list)

Address on List: _____

Account Number: (If Known) _____

Social Security Number: _____

Current Mailing Address: _____

Contact Phone Number: _____

The undersigned hereby understands that he/she is solely responsible for the funds received from this distribution of unclaimed capital credits and agrees to indemnify and save harmless the said Corporation, its Directors and Employees from any claim arising out of the above mentioned patronage capital account.

Applicants Signature: _____



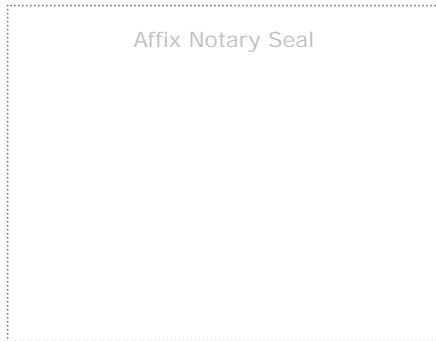
Executed in the presence of:

Notary Public

Date: _____



Commission expires: _____



Mail To:
Okefenoke REMC
Unclaimed Capital Credits
P. O. Box 602
Nahunta, GA 31553-0602