



APPLICATION FOR UNCLAIMED CAPITAL CREDIT FUNDS

(As it appears on list) Name:	
Address on List:	
(If known) Account Number:	
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.

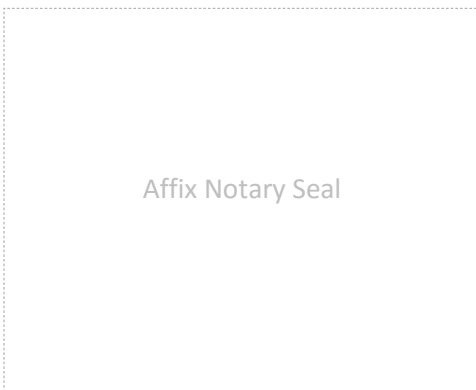
Applicant's Signature: _____

Executed in the presence of:

Date: _____

Notary Public

Commission Expires: _____



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