

Instructions to Complete the Application for Refund or Transfer of Capital Credits of a Deceased Member

The attached *Application for Refund or Transfer of Capital Credits* should be completed, signed, and notarized as outlined in the below instructions. Here is a guide to help determine who is eligible for payout and how to complete the application:

If the deceased died leaving a will:

1. Complete pages 1 and 2. Check box (A) on page 1.
2. The executor(s) of the estate should sign the application.
3. Provide a copy of the death certificate (front and back).
4. Provide a copy of the Letters of Testamentary or a copy of the valid will.
 - If a copy of the will is provided, it is preferred that we receive a copy that has been stamped as “filed” by the probate court. However, we may accept unfiled wills so long as there is no reason to doubt the will’s authenticity.
5. Payment of the capital credits will be made to the executor(s) of the deceased member’s estate.

If the deceased died leaving no will and the court has issued Letters of Administration:

1. Complete pages 1 and 2. Check box (B) on page 1.
2. The administrator(s) of the estate should sign the application.
3. Provide a copy of the death certificate (front and back).
4. Provide a copy of the Letters of Administration.
5. Payment of the capital credits will be made to the administrator(s) of the deceased member’s estate.

If the deceased died leaving no will and no one has applied to be the administrator of the estate:

1. Complete pages 1 thru 4. Check box (C) on page 1.
2. The application should be signed by at least one person who is eligible to receive the payout and a copy of the application should be delivered to each person that is to receive payment.
3. If the amount to be paid is less than or equal to \$2,500, then payment will be made as follows:
 - Full payment to the surviving spouse.
 - If there is no surviving spouse, then an equal payment to the surviving children.
 - If there is no surviving spouse or children, then an equal payment to the surviving parents.
 - If there is no surviving spouse, children, or parents, then an equal payment to the surviving siblings.
4. If the amount to be paid exceeds \$2,500, then payment will be made to the persons entitled to it under the Georgia laws of descent and distribution.

Once we receive a completed application, please allow 60 – 90 days for receipt of payment, if applicable. If you have any questions regarding this application, please call our capital credits team at (770) 370-2327. Please return the application and required documents to:

GreyStone Power
ATTN: Credit & Collections
P.O. Box 897
Douglasville, GA 30133

DECEASED'S ACCOUNT NUMBER

PHONE NUMBER OF APPLICANT

EMAIL ADDRESS OF APPLICANT

**APPLICATION FOR REFUND OR TRANSFER OF
CAPITAL CREDITS OF _____, DECEASED
OF _____ COUNTY, GEORGIA**

To the best of the undersigned's information and belief, the above named deceased was, during his or her life, a member of GREYSTONE POWER CORPORATION (GREYSTONE) and, as such, there is an account established by GREYSTONE in the deceased's name to which has, as of this date, been allocated certain capital credits and which may later be allocated further capital credits for the current year, which, upon application may, in the discretion of the Board of Directors of GREYSTONE, be paid out, as provided by the Official Code of Georgia Annotated (O.C.G.A.) Section 46-3-341. Therefore, the undersigned hereby applies for payment of the capital credit account pursuant to O.C.G.A. Section 46-3-341. As a part of this Application and to induce GREYSTONE to pay said account, the undersigned does hereby warrant and covenant and does, after being duly sworn, depose and say that:

- 1) The undersigned is the _____ (state relation to deceased, e.g., spouse, child, brother, sister, parent, etc.) of the deceased, who died on the _____ day of _____, _____.

**Please place a check mark in the applicable box, and attach the proper documents as indicated.
Please check only one of the following three boxes:**

- A. The deceased died leaving a Will; a copy of the deceased's Will, or letters testamentary, and a copy of the death certificate is attached hereto.
- B. The deceased died leaving no Will; a copy of the letters of administration for the deceased's estate and a copy of the death certificate are attached hereto.
- C. All of the following statements are true:
1. The deceased died leaving no Will; a copy of the Death Certificate is attached hereto;
 2. No person has applied for or qualified as Administrator of the deceased's estate;
 3. The nearest surviving relative(s) under O.C.G.A. Section 46-3-341 is (are) as set forth on the attached "Listing of Living Relatives." (Please complete Pages 3 and 4)
- 2) In consideration of receiving an early payment of the deceased's capital credits, the undersigned agrees to permit GREYSTONE: (i) to deduct from the deceased's capital credit account all amounts owed GREYSTONE by the decedent, and (ii) to repay the decedent's capital credits on a discounted basis according to GREYSTONE's Policies.

3) The undersigned acknowledges that there may be amounts which have been, or may in the future be, allocated to the deceased's capital credit account by virtue of GREYSTONE's patronage of affiliated organizations but which have not yet been paid to GREYSTONE. In consideration of receiving an early payment of the deceased's capital credits, the undersigned hereby donates all such amounts that are allocable to the deceased and that may be paid in the future to the GreyStone Power Foundation.

THE UNDERSIGNED FURTHER SWEARS, WARRANTS, AND COVENANTS THAT (i) NO YEAR'S SUPPORT PROCEEDING HAS BEEN INSTITUTED BY OR ON BEHALF OF DECEASED'S SPOUSE WHEREIN THE CAPITAL CREDITS OF THE DECEASED WITH GREYSTONE HAVE BEEN CLAIMED OR AWARDED, (ii) TO INDEMNIFY AND HOLD HARMLESS GREYSTONE FROM ANY CLAIM OR DEMAND MADE AGAINST GREYSTONE, AND THE COST AND EXPENSE OF DEFENDING SAME, BY VIRTUE OF ITS PAYMENT OF THE CAPITAL CREDIT ACCOUNT IN THE MANNER PROVIDED FOR IN THIS APPLICATION, OR ARISING IN ANY WAY FROM GREYSTONE'S RELIANCE UPON INFORMATION PROVIDED BY THE UNDERSIGNED, AND (iii) IF THE UNDERSIGNED CHECKED BOX 1(C), ABOVE, FURTHER THAT THE UNDERSIGNED HAS ACCURATELY COMPLETED THE ATTACHED LISTING OF RELATIVES AND HAS RECEIVED THE CONSENT OF EACH OF THE PERSONS LISTED THEREON TO COMPLETE THIS FORM, MAKE THE STATEMENTS MADE HEREIN, AND RECEIVE THE PAYMENT OF THE FULL AMOUNT OF THE DECEASED'S DISCOUNTED CAPITAL CREDITS FROM GREYSTONE.

Witness the hand and seal of the undersigned this the [redacted] day of [redacted], [redacted].

Recipient's Signature: _____

Printed Name: _____

Recipient's Address: _____

Sworn to and subscribed
before me the year and
date above written

NOTARY PUBLIC SIGNATURE & (SEAL)

Commission Expires:

LISTING OF LIVING RELATIVES

This section to be completed only by applicants who checked Box C on Page 1 of this application.

Instructions: Fill in only the first section which is applicable; write "not applicable" if listed relative is deceased or non-existent. If you are unsure of the present address of one of the listed relatives, you may leave the space for the address blank.

BY COMPLETING THIS APPLICATION AND SIGNING BELOW YOU WARRANT THAT YOU WILL PAY OUT THE DECEASED'S CAPITAL CREDITS TO THE FOLLOWING PERSONS AND ACCORDING TO THE FOLLOWING PRIORITY: (1) TO THE SURVIVING SPOUSE OF THE DECEASED; (2) IF NO SURVIVING SPOUSE, THEN TO THE SURVIVING CHILDREN OF THE DECEASED, PRO RATA; (3) IF NO SURVIVING CHILDREN, THEN TO THE SURVIVING MOTHER AND FATHER OF THE DECEASED, PRO RATA; (4) IF NO SURVIVING PARENT, THEN TO THE SURVIVING BROTHERS AND SISTERS OF THE DECEASED, PRO RATA.)

[Recipient's signature]

SECTION 1:

Deceased's living spouse: _____
Address: _____

SECTION 2:

DECEASED'S LIVING CHILDREN:

- | | |
|--|--|
| 1. Name: _____
Address: _____

_____ | 2. Name: _____
Address: _____

_____ |
| 3. Name: _____
Address: _____

_____ | 4. Name: _____
Address: _____

_____ |
| 5. Name: _____
Address: _____

_____ | 6. Name: _____
Address: _____

_____ |

SECTION 3:

DECEASED'S LIVING PARENTS

Mother: _____

Father: _____

Address: _____

Address: _____

SECTION 4:

DECEASED'S LIVING BROTHERS AND SISTERS

1. Name: _____

2. Name: _____

Address: _____

Address: _____

3. Name: _____

4. Name: _____

Address: _____

Address: _____

5. Name: _____

6. Name: _____

Address: _____

Address: _____
