



Wright-Hennepin
Cooperative Electric Association

A Touchstone Energy Cooperative

Wright-Hennepin Cooperative Electric Association

6800 Electric Drive • P.O. Box 330 • Rockford, MN 55373

Fax (763) 477-3054 • Phone (763) 477-3000 • email info@whe.org • www.whe.org

UNCLAIMED CAPITAL CREDIT/PROPERTY FORM

- » Review and complete **A. Owner Information** and **B. Claimant Information**
- » Attach the documentation requested in **C. Documentation Required to Claim Funds**
- » Sign in **D. Affidavit** in the presence of a Notary Public
- » Mail Completed form, along with required documentation to: Wright-Hennepin Co-op Electric Assoc.

P.O. Box 330
Rockford, MN 55373

A. OWNER INFORMATION

Name of Owner _____ WH Member # _____

Service Address while a WH Member _____

B. CLAIMANT INFORMATION

Relationship to Owner: Self Parent Guardian Trustee Executor Other

Name _____ Phone # _____

Current Address _____

SS # or FEIN # _____ Date of Birth _____

C. DOCUMENTATION REQUIRED TO CLAIM FUNDS

The following must be included with this form:

- » Clear copy of current driver's license or other legal photo identification
- » Proof of social security number or FEIN
- » Proof of the owner's original address as listed above in Section A (utility bill, property tax statement, income tax return, etc.)
- » Other legal documentation may be required

Heirs/beneficiaries of a deceased cooperative member: Contact capital credit representative at (763) 477-3000 for the estate request process. Estate payouts cannot be processed using this form.

D. AFFIDAVIT

The named claimant hereby certifies that he/she has a legal and equitable interest in the unclaimed property identified above and agrees that he/she will indemnify and hold harmless WH Board of Directors, its officers, and employees from any other valid claim to such unclaimed property or from any loss resulting from the payment of the claim.

I AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATION ARE TRUE.

Claimant's Signature _____

Subscribed and sworn before me this _____ day of _____, 20 _____

Notary Public _____ Commission Expires _____

