

**CAPITAL CREDITS AFFIDAVIT**

ACCOUNT NAME / SOCIAL SECURITY # (of Deceased Patron)

TELEPHONE NUMBER

MEMBER NUMBER

Please mail check to:

Name of Estate

Name (In care of)

Address

City

State

Zip Code

Contact Telephone Numbers

I (We) \_\_\_\_\_, declare that I (We) am (are) entitled to the Capital Credits retirement amount from Matanuska Telephone Association Inc., for the years from \_\_\_\_\_ through \_\_\_\_\_ in the account of: \_\_\_\_\_ (name of deceased) available for issuance for those years.

**Matanuska Telephone Association, Inc., Board of Directors, has approved early retirement to estates based upon a discount rate of 6% per annum. Your undistributed capital credits retirement will be adjusted based on this methodology, as reflected by the present value of your capital credits.**

Signature of Applicant

Date

Witness:

/Witness:

State of Alaska

Judicial District \_\_\_\_\_ .SS

. \*\*To be used when Notary Public is available\*\*

On this \_\_\_\_ day of \_\_\_\_\_ before me personally appeared, \_\_\_\_\_, whose identity was proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is (are) subscribed to this instrument and acknowledged that he (she) (they) executed the same.

Notary Seal:

NOTARY PUBLIC:

My commission expires:

**Enclosure: Death Certificate - Proof of Executor / Executrix of the Estate**

**RETURN TO: MTA, Mail Stop-ACT, 1740 S. Chugach Street, Palmer, AK 99645**