

CAPITAL CREDIT BENEFICIARY DESIGNATION

Capital Credits may exist now and in the future in favor of the undersigned Member in Account # _____ on the books of S&T Telephone Cooperative Association, the custodian of these Capital Credits until such time as they become distributable to the undersigned Member by action of the Board of Directors of the Cooperative, from time to time.

The undersigned agree(s) as follows:

I/We are all Members entitled to Capital Credits under this Account Number.

Upon receipt of death certificate(s) and all other required documentation, the undersigned authorizes the Cooperative to discount and pay accumulated unpaid Capital Credits for this account to the following beneficiaries in the following percentages:

<u>Name of Beneficiary</u>	<u>SSN</u>	<u>Address</u>	<u>Percentage</u> (must total 100%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned cancels all claims of my estate or heirs to Capital Credits in favor of the above-named beneficiaries and hereby agree to save harmless the Cooperative from all claims, actions and suits from any executor, heirs or devisees.

Member Printed Name

Member Printed Name

Member Signature

Date

Member Signature

Date

The foregoing instrument was acknowledged before me this ___ day of _____, 20 __, by _____.

Notary Public

Beneficiaries must be a natural person over the age of 18 as of today's date.
Beneficiaries may not be a business, trust, foundation, or other organization.
If a beneficiary is deceased at the time of your death, that beneficiary's share will be split among the remaining beneficiaries.
If there are no surviving beneficiaries your capital credit funds will go to your estate.