

UNCLAIMED CAPITAL CREDIT FORM

Claimant Information		
Claimant Name	Claimant Address	Claimant City/State/Zip
Best Phone Number	Email Address	SSN# or FEIN (required)
Are you the Original Owner of the Funds? Yes ___ No ___	If no, what is your relationship to the owner?	Reason for claiming funds in place of owner.

Capital Credit Patron Information	
Original Owner's Name	Original Owner's Address of Record
Original Owner's SSN or FEIN (Required)	Original's Owner's Date of Birth
Additional Owner(s)	

Claim form must be signed and notarized.	
<p><i>I swear or affirm that all the information I have provided is correct. I have accounted for all heirs and additional owners, if any. I agree to hold harmless and indemnify S&T Telephone Coop Assn, its officers, and employees against claims, the cost and expenses thereof, of all others for property which may be paid to me on the basis of my answers to these questions and the documentation I have provided. If necessary, I will be responsible for making distributions to any others entitled to this property.</i></p>	
Claimant Signature _____ Date: _____	<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #add8e6; display: flex; align-items: center; justify-content: center;"> <p style="margin: 0;">Notary Stamp and Seal</p> </div>
Print Name of Claimant _____	
Co-Claimant Signature _____	
Print Name of Co-Claimant _____	
Sworn to and subscribed before me the _____ day of _____ Year _____	
Notary Signature _____	
State of _____ County of _____	

This claim form does not authorize any payment without proof of ownership through heirship or otherwise as well as possible final approval by the S & T Board of Directors.