

## UNCLAIMED CAPITAL CREDIT REDEMPTION APPLICATION

Please contact our office if the member is deceased or the Corporation /Partnership has been dissolved. You may need to provide the following or other information, at our request:

- A COPY OF A CERTIFIED DEATH CERTIFICATE.
- A COPY OF LEGAL PERSONAL REP /EXECUTORSHIP DOCUMENT.
- A COPY OF THE LEGAL DISSOLUTION DOCUMENTS FROM THE STATE.

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**TO REDEEM YOUR UNCLAIMED CAPITAL CREDITS, PLEASE COMPLETE THE FOLLOWING AND RETURN THIS PAGE BY MAIL, E-MAIL OR FAX TO THE FOLLOWING:**

Triangle Telephone Cooperative Assn., Inc.  
PO Box 1220  
Havre, MT 59501  
Telephone: (406)394-7807  
Toll Free: 1-800-332-1201  
Fax: (406)394-2112  
E-Mail: [sbakken@itsTriangle.net](mailto:sbakken@itsTriangle.net)

NAME OF THE MEMBER /MEMBERSHIP: \_\_\_\_\_

YEARS OF SERVICE: \_\_\_\_\_ TO \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MEMBER NUMBER(S) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_ -- \_\_\_\_\_

**CURRENT CONTACT INFORMATION: (PRINT CLEARLY)**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

In signing this Application, I agree that I received service from Triangle Telephone Cooperative and am entitled to the unclaimed funds for the above membership. I will indemnify and hold harmless Triangle Telephone Cooperative Assn., Inc., its successors and assigns, from and any all claims, demands, actions, damages and expenses, including attorney's fees and costs, which it may be required to defend, incur or pay by reason of having paid said capital credits to me.

**SIGNATURE OF MEMBER:** \_\_\_\_\_

**DATED:** \_\_\_\_\_