Date:	CIN		
MEMBER NAME Last	First		Middle
	FIISt		Middle
To: BOARD OF DIRECTORS			
I am requesting the Early Retirement of the Cap Number held in the above name. I have p administration of the estate.			
Sincerely,			
(Signature)	(Please print mailing Address)		
(Printed Name)	(City)	(State)	(Zip)
		` '	. 17
	(Daytime phone#)		
(STATE OF ALASKA)ss.			
THIS IS TO CERTIFY that on thisNotary Public in and for the State Ofpersonally known to be the individual described in and we me that he/she signed the same freely and voluntarily for the IN WITNESS WHEREOF, I have here unto set my hand a	who executed the foregone the uses and purposes the	oing instrument of wa erein mentioned.	ore me the undersigned, a
Notary Public			
My Commission Expires:			
Attached Death Certificate Attached Administra	ator Document	Attached IRS Form	ı W-9
(FOR OFFIC	CE USE ONLY)		
Energy Accounts Inactive:	Balance Owing on	Balance Owing on Energy:	
Bad Debt Checked:	Un-Allocated Patronage – 2023		
LL Agreements:	•	apital Credits: No / Y	
Other Memberships:		nt: \$	
SS#		unt:	
1099 Qualified: No / Yes if \$600.00 or more paid out	Service Agreements: Residential R1 only, eligible		
	Service Agreement	ts: Co-mingled R1 wi	th C1 &/or C3 not eligible