



CAPITAL CREDITS AFFIDAVIT

MEMBER ACCOUNT NAME SOCIAL SECURITY NUMBER (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: Email:

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. Deceased Patron's undistributed capital credits retirement will be adjusted based on this methodology, as reflected by the present value of their capital credits.

Signature of Applicant Date

Witness: Witness:

State of Alaska
Judicial District SS.

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.

SEAL NOTARY PUBLIC:
Commission Expires:

ENC: Death Certificate - Proof of Executor/Executrix of the Estate
RETURN TO: MTA, mail stop ACT, 1740 S Chugach St, Palmer, AK 99645