



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 Telecom Association, Inc. for the years from _____ through _____ in the account of: _____ (name of deceased) available for issuance for those years.

Matanuska Telecom 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