

REQUEST FOR EARLY RETIREMENT OF CAPITAL CREDITS

If you are requesting an early retirement of capital credits based on reaching age 75, please complete this form and return to:

Monitor Cooperative Telephone Company  
Capital Credits Department  
15265 Woodburn Monitor Rd NE  
Woodburn, OR 97071

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

I, \_\_\_\_\_, hereby request an early  
(PLEASE PRINT FULL NAME)  
retirement of my present capital credits assigned by Monitor Cooperative Telephone Company.

My current address is: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

I certify that:

- 1) I am 75 years old or older and have presented proof of age
- 2) I am the party legally entitled to claim ownership of these capital credit payments
- 3) I will agree to save and hold harmless Monitor Cooperative Telephone Company with respect to this disbursement
- 4) I understand that I will also receive future allocated capital credits in the year made so long as I am a current member of the Company
- 5) I have provided accurate and current information on this written instrument

\_\_\_\_\_  
Signature Date

Subscribed and attested before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_

**For Cooperative Use Only**

Member #: \_\_\_\_\_ Capital Credits Earned: \$ \_\_\_\_\_ Years thru: \_\_\_\_\_ Check #: \_\_\_\_\_