



Arctic Slope Telephone Association Cooperative, Inc.
4300 B Street, Suite 501, Anchorage, AK 99503
907.563.3989 • 1.800.478.6409 • F. 907.563.1932

Early Retirement Instructions

Did you know that you may petition the Board of Directors of Arctic Slope Telephone Association Cooperative, Inc. (ASTAC) to retire capital credits due to the estate of a deceased member prior to the normal retirement cycle?

Below is an Application for Redemption of Deceased's Member Capital. In order for us to properly analyze your request for retirement of the credits, **please complete the ENTIRE application, have it notarized**, and return it to:

Arctic Slope Telephone Association
Cooperative, Inc. Member Capital
4300 B Street, Suite 501
Anchorage, AK 99503

Please enclose a copy of the deceased's death certificate, along with a copy of legal papers (i.e., court order appointing a personal representative, letters testamentary accepting appointment as a personal representative, court order closing the estate, will, etc.) giving you or someone else the legal authority to apply for or receive the balance of the capital credit account. In the case of no probate and only surviving heirs, a copy of the obituary naming the heirs would be sufficient.

Once the paperwork is received, the application will be evaluated and presented to the Board of Directors for consideration at the next quarterly Board of Director meeting.

Applications where a personal representative has been appointed in a formal or informal probate proceeding will be given first priority. All applications will be considered, however, on a case by case basis. All requests for retirement are subject to a determination of the Board of Directors that the financial condition of the Cooperative will not be impaired thereby. The balance due will be discounted to its present value using policies of general application.

Please consult your legal and/or tax advisor to determine the consequences of an early estate capital credit retirement.

If you have any questions concerning the application process, please contact ASTAC at:

info@astac.net
1-800-478-6409
1-907-563-3989



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FOR COOP. USE ONLY
MEMBER'S NAME
APPLICATION NUMBER
MEMBER'S NUMBER
DATE FILED

APPLICATION FOR
REDEMPTION OF
DECEASED'S MEMBER'S
PATRONAGE CAPITAL
ACCOUNT BALANCE

TO: ARCTIC SLOPE TELEPHONE ASSOCIATION COOPERATIVE,
INC. STATE OF ALASKA)
)ss
_____ BOROUGH)

_____, being first duly sworn, states under oath the following:

1. I hereby make application to Arctic Slope Telephone Association Cooperative, Inc. (ASTAC), for the retirement of the capital credits of _____, referred to below as "Member," who died on the _____ day of _____, _____, in the community of _____, State of _____.
2. In consideration of approval of this application and pursuant to the terms of the ASTAC Bylaws, consent is given to ASTAC to set off against the total capital credits due the Member, all sums owing by the Member and/or their heir(s) to ASTAC.
3. The Member has a will. Yes No
The estate of the Member is being probated. Yes No
The estate of the Member has been probated. Yes No
The estate of the Member will be probated. Yes No



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4. The following are the names, addresses, ages, and relationships of each heir of the Member (add additional pages if necessary):

NAME OF HEIR	ADDRESS	AGE	RELATION

(or): If the estate is being probated or has been probated, the name and address of the Personal Representative is: _____.

A copy of the death certificate is attached and the Member's social security number is: _____.

5. The status of the past, present or contemplated administration of the estate of the Member is explained in the paragraph marked (X):
- a. () The probate of Member's estate has been completed in the following Court: _____ and the proper distribution of the capital credits herein applied for is specifically set forth in the final decree thereto, a certified copy of which is attached.
 - b. () The probate of Member's estate has been completed in the following Court: _____ but the capital credits applied for herein were not inventoried nor distributed in the final decree, a certified copy of which is attached.
 - c. () The probate of Member's estate is now in process in the following Court: _____ . I am the duly appointed personal representative and a certified copy of my letters testamentary is attached. Payment of the capital credits should be made to me in my representative capacity for administration in the estate.
 - d. () Member died intestate (without a Will) and no probate is contemplated or necessary at this time.

6. I personally acknowledge that ASTAC is relying on the truthfulness of the foregoing statements in evaluating this application and I covenant and warrant that all statements made in this application are true and correct, I further covenant and agree to indemnify, defend and hold ASTAC harmless from any liability, loss, damages



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or expense, including attorneys' fees and costs, ASTAC may suffer by allowing retirement of the capital credits based on this application. I specifically authorize and direct you to make payment to me, agreeing that I will indemnify, defend and hold ASTAC harmless from such payment.

7. My address is: _____

8. I understand that this application requires approval of the ASTAC Board of Directors before payment may be made. Approval is also subject to Bylaws and policies of ASTAC.

Signature

SUBSCRIBED AND SWORN TO Before me this day of _____, 20 ____.

Notary Public:
Residing at: _____
Comm. Expires: _____