

**Instructions for Claimants  
Capital Credit Account of a Deceased Person**

As a member of Florida Keys Electric Cooperative Assoc., Inc. (FKEC), the decedent has accumulated a Capital Credits balance. This balance is not a cash account. As a not-for-profit utility, FKEC calculates our annual margins by taking the total revenue and subtracting all operating costs. The resulting margins are then allocated to each member based on their patronage, which is the amount of electricity he or she purchased during that year in proportion to the total amount purchased by all members. Once these margins are allocated they are called Member Capital Credits. When and what percentage of the Capital Credits balance is returned each year is determined by the member-elected Board of Directors and is influenced by the financial strength of the Cooperative.

The designated Heir may be eligible to receive all future Board-approved Capital Credits retirements once we are provided with the following:

- A photocopy of the death certificate
- The following Deceased Member Affidavit, signed in the presence of a notary public.

**Note: In certain circumstances additional information and/or documentation may be required in order to process the affidavit. Please contact Member Service for more information.**

Please mail all paperwork to the address below. Failure to provide all requested documents will delay the processing of your request. Thank you for your cooperation.

**Attn: Capital Credits Department  
FKEC  
P.O. Box 377  
Tavernier, FL 33070**

If you have any questions, please contact Member Service at:

- ❖ Phone: 305-852-2431 / 800-858-8845
- ❖ Email: [member.service@fkec.com](mailto:member.service@fkec.com)
- ❖ Website: [www.FKEC.com](http://www.FKEC.com)

**FLORIDA KEYS ELECTRIC COOPERATIVE ASSOCIATION, INC.**  
**PO Box 377 Tavernier, FL 33070**

**DECEASED MEMBER AFFIDAVIT**

**FKEC Member #** \_\_\_\_\_

**Name of deceased member as shown on FKEC records:** \_\_\_\_\_  
*(Please attach a copy of Death Certificate)*

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ (Affiant), who being duly sworn states that:

1. \_\_\_\_\_ (Decedent) died on the \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, a resident of \_\_\_\_\_ County, State of \_\_\_\_\_, whose last-known address with FKEC was \_\_\_\_\_.
2. To the best knowledge of the affiant, the following are all of the decedent's heirs at law and are all persons entitled the Decedent's estate: *(Note: If you are uncertain as to the definition of "heirs at law" under the Florida Probate Code, you should consult with an attorney. FKEC personnel cannot assist you in making this determination.)*

_____	Heir's Name, Mailing Address and Relationship
_____	Heir's Name, Mailing Address and Relationship
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3. Affiant agrees to act as disbursing agent to divide the decedent's capital credits as they are received from FKEC, in proportion to the interests of the heirs at law listed above. In that regard, Affiant authorizes and directs FKEC to issue all capital credit refund checks to Affiant and made payable to Affiant as follows:

Affiant's Name as Payee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

4. That there are no liens, claims or liabilities against said Capital Credits with FKEC.
5. The undersigned, in consideration of the transfer above requested, does (do) hereby agree to hold FKEC harmless against any and all claims, losses, damages and expenses made against FKEC because of such transfer as requested herein.

**Affiant's Signature** \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_

by \_\_\_\_\_ . He/She is personally known to me or has produced \_\_\_\_\_

as identification.

\_\_\_\_\_  
Notary Signature & Commission #

\_\_\_\_\_  
Printed Name of Notary

Notary Seal/Stamp

**Please note: FKEC may require additional documentation and proof regarding entitlement to the capital credit refunds as circumstances dictate.**