



Membership Corporation - 3733 Old Cox Road ~ Asheboro, NC 27205

**MEMBER APPLICATION FOR CAPITAL CREDITS REFUND AT OR AFTER AGE 80**

<b>Member(s) Name(s)</b> <i>(Please print)</i> <i>(All Names required if Joint Membership)</i> <b>First</b> <b>Middle</b> <b>Last</b>	<b>Member No.</b>	<b>Address</b>	<b>Tel. No.</b>	<b>Member Age(s)</b> <i>(Both Members must sign, if Joint. Only one member must have reached 80<sup>th</sup> birthday.)</i>	<b>Date of Application</b>

**Documentation of Age Provided Herewith** *(Required of each applicant):*

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> <b>Birth Certificate(s)</b>      | <input type="checkbox"/> <b>Other</b> <i>(Identify in space provided below)</i> | <b>Accepted as Proof of Age</b> |
| <input type="checkbox"/> <b>Valid Driver's License(s)</b> | _____   | _____                           |
|   |   | RTMC Customer Care Consultant   |

I/We, the undersigned member/members of Randolph Telephone Membership Corporation, by providing the above named proof of age, hereby request that the Capital Credits Amounts allocated to my/our account be refunded to me/us, in accordance with the RTMC policy adopted at its Board Meeting in June, 2000.

I/We understand that RTMC's policy provides that within 60 days of a properly documented request, all unpaid capital credits allocated to a member up to, but not including, the most recent year's allocated amount will be refunded, and that once that amount has been paid out, any further allocated capital credits will be paid on a current basis annually in December, with payment to coincide with payments of capital credits refunds to all members.

Please mail my check to me at \_\_\_\_\_ . I prefer to pick up my check at RTMC office \_\_\_\_\_. Please notify me of date when ready. *(Please initial)*

**Signed:** \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public of the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Witness my hand and notarial seal

\_\_\_\_\_ My commission expires \_\_\_\_\_, 20 \_\_\_\_\_.  
Notary Public