Randolph COMMUNICATIONS

MEMBER APPLICATION FOR CAPITAL CREDITS REFUND AT OR AFTER AGE 80

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

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

☐ **Birth Certificate(s)** ☐ **Other *(Identify in space provided below)*** **Accepted as Proof of Age**

☐ **Valid Driver's License(s)** _____ _____

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 <u>not</u> 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) ***(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

For Office Use Only
SS # confirmed _____ Initials_____ Date _____ Date Verified _____ Initials: _____
DL confirmed _____ Initials_____ Date _____ Date Destroyed _____ Initials: _____

Rev. 11/22/13