



Patronage Capital Split Allocation and Indemnity Agreement

Account Number _____

I, (print name) _____, hereby certify that as a result of agreement, court order, death, or abandonment I am entitled to a portion of the patronage capital allocated to the membership associated with the above-listed account.

I authorize CORE Electric Cooperative to reallocate _____% of the patronage capital to my individual membership. I hereby relinquish my rights to _____% of the patronage capital from the joint membership to be retained by the other member of the joint membership. (**Note: The reallocation and relinquishment amounts must add up to 100%.**) I also request that the name: _____ be removed from the membership associated to the above-listed account and any other account(s) associated with the membership.

I hereby waive the right to any further allocations to the joint membership, which shall terminate upon CORE's acceptance of this request. I understand that CORE will accept and process this request only if the billing statuses of all active accounts associated with the membership are current.

I hereby agree for myself and my heirs, devisees, and assignees that I will reimburse CORE for any claim made on the patronage capital from the joint membership that is reallocated to my individual membership pending resolution of the claim. I also agree to indemnify, defend, and hold CORE harmless from and against claims, attorney fees, litigation expenses, and costs that may arise as a result of the reallocation of patronage capital referred to in this form. I understand that a copy of this form will be released to any party making subsequent claims to the patronage from the membership, and I agree to hold CORE harmless from any such action.

I have read this Patronage Capital Split Allocation and Indemnity Agreement and execute it voluntarily and with full knowledge of its legal significance.

Signature _____ Date _____

Subscribed and affirmed, or sworn before me, in the County of _____, State of _____, this _____ day of _____, 20____.

My commission expires _____

Notary Public _____ Date _____

(Seal)

Return this completed and notarized agreement to **memberpayments@CORE.coop** or via mail to CORE Electric Cooperative, c/o Account Services, 5496 N. U.S. Highway 85, Sedalia, CO 80135.