Atlantic Telephone Membership Corporation (FOCUS Broadband)
APPLICATION FOR DISCOUNTED RETIREMENT - DECEASED MEMBER

GENERAL INFORMATION

Estate of (Deceased Member's Name)_____Date of Application_____

Date of Death_____

Point of Contact Name_____Telephone No._____

Mailing Address_____

City, State, Zip_____

APPLICANT(S) QUALIFICATIONS.

Please check the appropriate box below and attach a copy of the **Death Certificate** and other estate documents to this Application.

- ☐ I (We) have qualified as Administrator/Administratrix or Executor/Executrix of the above-mentioned estate and a copy of Letters of Administration or Letters Testamentary, signed by the Clerk of Superior Court's office, is attached.
- ☐ I, the surviving spouse, have been assigned the Petition and Assignment Year's Allowance by the Clerk of Superior Court and that form, signed by the Clerk of Superior Court's office, is attached.
- ☐ I (We) have qualified for Affidavit for Collection for the above-mentioned estate and that form, signed by the Clerk of Superior Court's office, is attached.
- ☐ I (We are) am the Trustee of the Deceased Member's Trust and attached hereto is a copy of the Certificate of Trust or relevant section(s) of the Trust which authorizes the undersigned to execute this Application.

ADDITIONAL TERMS

The applicant(s) requests that FOCUS Broadband refund the present day value of the above-mentioned deceased member's capital credits. Applicant(s), on behalf of the estate of the deceased member, agrees and acknowledges that deceased member capital credits will be paid in accordance with FOCUS Broadband's policy and procedures for the retirement of capital credits. The applicant(s) acknowledges and understands that the capital credits have been discounted in accordance with the rate determined by the FOCUS Broadband Board of Directors and does hereby voluntarily accept the discounted amount for the above-named deceased member, subject to any offset for the deceased member's outstanding indebtedness.

The applicant(s) signing this application agrees that the Cooperative's payment of the discounted retirement amount shall constitute a full and final settlement and discharge of any right to the full face value of the deceased member's capital credits. The applicant agrees that the discounted value represents the same value as if such applicant received the full face value at the end of the applicable capital rotation cycle.

FOCUS BROADBAND USE ONLY
MEMBER NUMBER:

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The applicant(s) signing this application jointly and severally agrees to indemnify and hold FOCUS Broadband harmless from any and all claims, causes of action, damages by any other heir, devisee, beneficiary, assignee, or third party with an interest in the estate referenced in this application and which arises out of the receipts and distributions of said funds. The applicant(s) certifies that the applicant(s) is authorized to submit the application. The indemnification shall include all costs, reasonable attorney fees and other damages associated with any claim or cause of action asserted, filed, or claimed by any other third party.

APPLICANT(S) SIGNATURE.

Signature of Qualified Applicant:_____Date:_____

Printed Name of Qualified Applicant:_____

Signature of Qualified Applicant(s):_____Date:_____

Printed Name of Qualified Applicant(s):_____

FOCUS BROADBAND USE ONLY
Identity of account holder verified via: ☐Driver's License or ☐Other Gov't Issued Photo ID (describe):
FOCUS Broadband Representative: Date:

VERIFICATION(If not Signed and Witnessed in FOCUS Broadband Office):

STATE OF _____)

COUNTY OF _____)

I,_____, Notary Public, do hereby certify that _____ appeared before me this day, and (check box):

- ☐ I have personal knowledge of the identity of the Principal;
- ☐ I have seen satisfactory evidence of the Principal's identification, by a current state or federal identification with the person's photograph in the form of a _____.
- ☐ A credible witness: _____(insert name of witness) has sworn to the identity of the Principal.

The Principal acknowledged to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

This the _____day of _____, 20___.

_____
Notary Public

_____County

My commission expires: _____ **(SEAL)**

FOCUS BROADBAND USE ONLY
MEMBER NUMBER:

v2026.07