

REQUEST FOR PATRONAGE CAPITAL REFUND

Please Print:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____ Email: _____

Alternate Number: () _____ KIUC Account No. _____

Social Security Number: _____ or Driver's License Number: _____

Business Federal Identification Number _____

I hereby certify and declare that:

1. I am the party legally entitled to claim ownership of this Patronage Capital Account, and
2. I have attached documentation to support and validate my claim for ownership of this Patronage Capital Account, and
3. I agree to indemnify and hold KIUC harmless for any and all damages, which may arise from subsequent claims to this Patronage Capital Account, and
4. I understand that a copy of this certification statement will be released to any party making subsequent claim to this Patronage Capital Account.
5. I understand that to the extent such member-owner or deceased member-owner owes any outstanding sums to KIUC, any Patronage Capital credits to be retired shall be applied by way of set-off to such sums.

Signature of applicant

Date

Select method of refund: Apply refund to account _____

*(Please allow 45 business days
to process your request)*

Request check refund

**Mail to: Member Services – Patronage Capital
 Kaua'i Island Utility Cooperative
 4463 Pahee St., Suite 1
 Lihue, HI 96766-2000**

Office use only:

Received _____

Original Check # _____ Amount \$ _____

Original Date Issued _____ Date Re-issued _____

Check # reissued _____ Amount \$ _____

Initial _____ ID: _____



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