



Section I: To Be Completed by Claimant

By submitting this claim, Claimant affirms that all statements and information included herein are true and accurate, and the Claimant agrees to hold Clay County Rural Telephone Cooperative, Inc. d/b/a Endeavor Communications, harmless from any liability with regard to the disbursements of said capital credits.

1. Include a copy of your government issued photo identification, such as a Driver's license, State ID, or a passport.

2. Member Name: Signature:

3. Estate or Payee Name (if not member): Signature:

4. Phone Numbers: Home Work Mobile

6. Member Date of Birth/Incorporation: SSN/TIN:

7. Current Mailing Address:

8. Previous Names/Aliases:

9. Address(s) at time of active membership:

10. Telephone Number(s) at time of active membership:

11. Sign this Claim Form in the presence of a Notary Public and have Notary Public complete Section II.

Please submit this completed claim form to Endeavor Communications.

Section II: To be Completed By Notary Public

STATE OF )
) SS
COUNTY OF )

(Claimant's Name) personally appeared before me and

voluntarily executed the foregoing instrument on the day of , 20.

Notary's Signature

Notary's Printed Name

SEAL

Notary's County of Residence

Notary's Commission Expires

Section III: To be completed by Endeavor Communications

Received in the mail by: (must be notarized) Date Received:

Received in the business office by:

Customer is in good financial standing with Endeavor Communications: Yes No

Member # Check Amount \$

Verified By: Date Verified: