



Buggs Island Telephone Cooperative

BIT Communications

As a non-profit cooperative, Buggs Island Telephone Cooperative allocates our annual operating margins (profits) to members receiving service from the Cooperative during the year. These margins (profits) are allocated, using the dollar amount of telephone service that each member purchases in a year compared to local telephone service purchased by all members, and are called capital credits.

Before any capital credits are paid to our members, Buggs Island Telephone Cooperative uses the capital credit funds for the cooperative's financial obligations as stated in its' by-laws.

The Buggs Island Telephone Cooperative by-laws provide for the option of early retirement of the capital credits of a deceased former member to his or her estate. The completed Capital Credit Affidavit and a copy of the death certificate are needed to complete the capital credit transfer or estate retirement.

If you wish to have BIT personnel notarize the affidavit (free), please call ahead to ensure that a notary public will be available.

If you have any questions or concerns, please feel free to call our Customer Care Center at 434-636-2274.

100 Nellie Jones Rd ■ PO Box 129 ■ Bracey, VA 23919 ■ Phone (434) 636-2274 ■ Fax (434) 636-1211

Toll Free: 888-829-2844 ■ www.bitbroadband.com



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434-636-2274 434-636-1211 fax
<http://www.bitbroadband.com>

CERTIFICATION OF ENTITLEMENT TO BUGGS ISLAND TELEPHONE COOPERATIVE CAPITAL CREDITS

I _____, hereby make claim to the capital credits assigned by Buggs Island
(PRINT FULL NAME)
Telephone Cooperative to the account of _____.
(NAME OF DECEASED AND ACCOUNT TELEPHONE NUMBER)

I certify that:

1. Relationship to deceased _____
2. I will be responsible for distributing the capital credits claimed in accordance with any predetermined agreements of the business to which they were assigned, or the will of the deceased member.
3. I will indemnify, defend and hold Buggs Island Telephone Cooperative harmless against any subsequent claims to or for these capital credits payments.
4. I understand that a copy of this certification statement will be released to any party making subsequent claims to these capital credits.
5. I will be required to provide a certified copy of the death certificate to Buggs Island Telephone Cooperative, if the member eligible for capital credits is now deceased.

Would you like to have telephone service of deceased disconnected or transferred to another name? _____

If transferred, what name should be listed on the account? _____

How would you like your name listed in the telephone directory? _____

_____	_____	_____
SIGNATURE OF CLAIMANT	DATE	SOCIAL SECURITY NUMBER OF CLAIMANT
_____	_____	_____
ADDRESS	CITY/STATE	ZIP CODE
_____	_____	_____
PHONE NUMBERS	EMAIL ADDRESS	

ACKNOWLEDGEMENT

STATE OF VIRGINIA)
)
COUNTY OF _____)

Before me _____, in and for this state on this _____ day of _____, 20____, personally appeared _____ to me known to be the identical person(s) who executed the within and foregoing Instrument, and acknowledged to me that _____ executed the same as _____ free and voluntary act and deed for the uses and purposes therein set forth.

Notary Public

My Commission Expires:
