

Phone: (319) 465-6896 www.ias.coop

Estate Administrator:

Please fill out the required information below, attach a copy of death certificate and sign. We must have a copy of a Death Certificate as proof of death.

Deceased Member Deferred Patronage Payment

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Name		
Address		
City/State/Zip		
Soc. Sec #		
	Remittance Payment Information	<u>ın</u>
Name		
Address		
City/State/Zip		
	Payment Amounts and Options	<u>s</u>
Common Stock Member	ership Paid 100% upon death	
Allocated Local Equity	Paid 100% upon death	
[*] Allocated Regional Equ	uity Paid 100% upon death	
	Signature of Estate Administrator	r
Current Stock and Equity Balances		
Common Stock (Membe	rship)	
Allocated Local Equity		
Allocated Regional Equit		
Total		