RELEASE AND WAIVER

DECEASED MEMBER FULL AND FINAL ESTATE SETTLEMENT CAPITAL CREDIT DISCOUNT AND REFUND PROGRAM NUECES ELECTRIC COOPERATIVE, INC.

	CAPITAL CREDIT NO
1.	I, (please print), do hereby certify and represent that I am the duly court appointed and/or legal representative of the deceased natural member () of Nueces Electric Cooperative, Inc. (NEC).
2.	I certify and state that I have presented legal proof of qualification for the estate's participation in NEC's Deceased Member Full and Final Settlement Capital Credit Discount and Refund Program. A copy of such qualifying documentation is attached hereto and made a part hereof.
3.	I understand and agree that participation in this program is at my option and I also understand that the Board of Directors of NEC may, at any time and without notification, terminate this program for any reason whatsoever.
4.	I understand that, under this program, capital credits allocated to the account(s) during the current year , and previous years , may be discounted from the date of allocation to the normal retirement date. I also understand that the rate of discount will be determined by the NEC Board of Directors and that the discounting method will reflect present value/future value monetary calculations.
5.	I understand that receipt of reimbursement of funds under this program constitutes full and final settlement of rights to the capital credits included in this program.
6.	I, and the estate, hereby release and hold harmless NEC from any and all claims and liability for capital credit retirements made during normal retirements for funds included in this program.
7.	I hereby waive any future claim to capital credits included in this program.
Da	te: Signature:
NOTE: PROOF OF ELIGIBILITY MUST BE ATTACHED	
THE STATE OF TEXAS COUNTY OF	
BE	FORE ME, the undersigned authority, on this day personally appeared and acknowledged to me that he executed the same for the purposes
an	d considerations therein expressed.
GIVEN UNDER MY HAND AND SEAL OF OFFICE this day of	
	Notary Public
	Printed or Stamped Name of Notary
	My Commission Expires: