



Capital Credit Change Due to Divorce

Capital Credit #: _____ Date: _____

Account #: _____ Telephone: _____

Option 1: Capital credits will be transferred in their entirety.

I, _____, the relinquishing member on the above account, authorizes the capital credits to be transferred to:

Name: _____

Social Security #: _____

Signature of Acquiring Member: _____

Signature of Relinquishing Member: _____

Option 2: To split capital credits from an account (please specify splits):

I, _____, relinquish Capital Credits as designated below.

Member Name: _____ % _____ SSN: _____

Member Name: _____ % _____ SSN: _____

Signature of Acquiring Member: _____

Signature of Relinquishing Member: _____

Please return completed form to:

Nex-Tech
Attn: Capital Credit Department
PO Box 158
Lenora, KS 67645
785-567-7872, ext. 5003

Or E-Mail to:

capitalcredits@nex-tech.com