



Clinton County Electric Cooperative, Inc.



DESIGNATION OF TRANSFER ON DEATH BENEFICIARY

815 ILCS 10/0.01 et. seq.

I, _____ and _____
Name of Member Name of Joint Member (if applicable)

of _____, _____
City State

pursuant to the terms of the Uniform TOD Security Registration Act, designate the following as the beneficiary of my capital credit account with the Clinton County Electric Cooperative, Inc. (CCECI) to be transferred upon my/our death (TOD) to:

Designated Beneficiary:

Name

Address

Telephone

Email address

The CCECI is authorized to register ownership of my/our capital credit account with the CCECI in my name Transfer on Death to the beneficiary named above. This designation remains in effect until amended or revoked by me/us via written instructions to do so.

Member's Signature Date

Joint Member's Signature Date

Address

Telephone

Email address

For Office Use Only

Member Number _____

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