



INTERMOUNTAIN RURAL ELECTRIC ASSOCIATION (IREA)
PATRONAGE CAPITAL SPLIT ALLOCATION AND INDEMNITY AGREEMENT

Joint Membership Number: _____

I, (print name) _____, hereby certify that as a result of agreement, court order, death, or abandonment I am entitled to a portion of the patronage capital allocated to the above-listed joint membership.

I authorize IREA to reallocate _____ % of the patronage capital to my individual membership. I hereby relinquish my rights to _____% of the patronage capital from the joint membership to be retained by the other member of the joint membership. (Note: The reallocation and relinquishment amounts must add up to 100%.) I also request that the name _____ be removed from the above-listed joint membership and associated joint accounts.

I hereby waive the right to any further allocations to the above-listed joint membership, which joint membership shall terminate upon IREA's acceptance of this request. I understand that IREA will accept and process this request only if the billing statuses of all active accounts associated with the above-listed joint membership are current.

I hereby agree for myself and my heirs, devisees, and assignees that I will reimburse IREA for any claim made on the patronage capital from the above-listed joint membership that is reallocated to my individual membership pending resolution of the claim. I also agree to indemnify, defend, and hold IREA harmless from and against claims, attorney fees, litigation expenses, and costs that may arise as a result of the reallocation of patronage capital referred to in this form. I understand that a copy of this form will be released to any party making subsequent claims to the patronage from the above-listed joint account that is reallocated to my individual membership.

I understand that IREA reserves the right to charge me and withhold capital credit retirement payments to the extent IREA is required to pay any subsequent claim regarding the patronage from the above-listed joint membership that is reallocated to my individual membership, and I agree to hold IREA harmless from any such action.

I have read this Patronage Capital Split Allocation and Indemnity Agreement and execute it voluntarily and with full knowledge of its legal significance.

Signature _____

Date _____

Subscribed and affirmed, or sworn to before me, in the County of _____, State of _____, this _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public _____ Date _____

(SEAL)