Member #: _____

Name: _____

Telephone: _____

Address: _____

_____

_____

If you would like your capital credit general retirement amount applied to your active Nemont account, please fill out the form below. If you prefer to receive a check for the general retirement amount, please disregard this form.

When filling out this form, ensure that the signature is that of an authorized individual on the account. If the signatory is not authorized, the form will be returned, and the general retirement amount will be received as a physical check. By filling out this form, all future capital credit general retirements will be applied to your active account unless you submit a request in writing to remove this option.

Please sign, print and date this form. Return to a Nemont office or
Mail to:
Nemont
Attn: Capital Credits
PO Box 600
Scobey, MT 59263

Email to:
capital.credits@nemont.coop

Please automatically apply the dollar amount of my general retirement to my active Nemont account. I understand that I will no longer receive a physical check for any future general retirements. I understand this option will remain in place until my account is no longer active or I contact Nemont in writing to remove this option.

Member Signature or Authorized Signature Date

Printed Member or Authorized Name

Joint Member Signature (required if membership is joint) Date

Printed Joint Member Name

If you have any questions or concerns, please call Nemont at (406) 783-2200 or 800-636-6680.