

## Unclaimed Retired Capital Credits Refund Request

**General Information/Request :**

(303) 637-1300 or capitalcredits@unitedpower.com

Office Use Only:

Identification Validated By: \_\_\_\_\_

Date: \_\_\_\_\_

**Return form to:**

UNITED POWER, INC  
UNCLAIMED RETIRED CAPITAL CREDITS REFUND PROGRAM  
500 COOPERATIVE WAY  
BRIGHTON, CO 80603

Office Use Only

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_

**Do not return this form by email. For electronic submission, please contact United Power Member Services.**

**Please include a copy of a past electric bill if available to assist in validating identification.**

Member Name per United Power Records: \_\_\_\_\_

United Power Member Number (If known): \_\_\_\_\_

Last Mailing Address on record with United Power (if known)  
\_\_\_\_\_  
\_\_\_\_\_

Address where service provided by United Power:  
\_\_\_\_\_  
\_\_\_\_\_

\*When did United Power provide service?  
\_\_\_\_\_

Other Identification on record with United Power (i.e. Social Security Number, Telephone)  
\_\_\_\_\_  
\_\_\_\_\_

Name of person filling out form if different from above  
\_\_\_\_\_

Relationship: (Self, Estate Representative, etc? )  
\_\_\_\_\_

Mailing Address for refund check:  
\_\_\_\_\_  
\_\_\_\_\_

- *If this request is for a deceased member, a copy of Death Certificate and a copy of any legal documentation that states your position with the estate must accompany this form.*
- *Refunds will only be processed with proper documentation & valid proof of identification.*

\*Name to whom the refund should be issued if different from Member Name in United Power records:  
\_\_\_\_\_

\*Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Section 3: Signature

\*I, \_\_\_\_\_, certify that

(PLEASE PRINT)

I am entitled to receive the refund described above.

\*Check all that apply:

Send check to above mailing address

Donate check to Round Up Foundation

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)