



(Formerly known as Flue-Cured Tobacco Cooperative Stabilization Corporation)

Redemption Application Form
Certificates of Interest in Capital Reserve for Crop Years 1967-1973
Application Period: December 1, 2016 - February 28, 2017

Sections A and B - to be completed by ALL Applicants
Affidavit - to be completed ONLY if Original Producer is deceased

Please provide as much information as possible!
If Applicant is not the Original Producer, COMPLETE the AFFIDAVIT on page 2 and have it NOTARIZED.
DO NOT send wills and death certificates with the application. Those documents are not necessary.

Section A - Applicant Information (to be completed by the applicant)

Consider this my application for redemption of certificates of interest in capital reserve.

- 1. ___ I am the original producer. Provide current address, sign and date below and continue to section B.
2. ___ I am NOT the original producer. I am the legal heir or beneficiary of the original producer identified in section B and I am entitled to payment as evidenced by the attached, NOTARIZED affidavit.
3. Applicant Name
4. Phone ()
5. Address:
6. Signature
7. Date

Section B - Producer Information (to be completed by applicant)

- 1. Producer's Name
2. Producer's Spouse
3. Phone Number
4. Business Name
5. FC Member Number
6. Business Tax ID #
7. Certificate Number
8. Farm # if known
9. Producer Social Security # - -
10. Spouse Social Security # - -
11. Previous Address
12. Other Information

Section C - Co-op Information (to be completed by Co-op staff)

Co-op Staff Contact Method Entry date
Certificate Amount Split YES or NO Amount per Beneficiary

NOTES:

STATE OF _____
COUNTY OF _____

AFFIDAVIT

COMES NOW the undersigned affiant and, in support of an application for redemption of a Certificate of Interest in Capital Reserve by U.S. Tobacco Cooperative Inc., formerly known as Flue-Cured Tobacco Cooperative Stabilization Corporation, does on oath state as follows:

The deceased, _____, was a holder of a Certificate of Interest in Capital Reserve issued in his/her name by the Cooperative for the 1967-1973 crop year(s) pool.

The deceased's FC Member Number was _____.

The deceased's Tax ID Number was _____.

The deceased died on or about _____, _____.

You MUST check a box in BOTH sections A and B for the application to be processed.

Section A-- The deceased died

- Leaving a will
- NOT leaving a will

Please list beneficiaries AND addresses. Failure to do so will result in an incomplete application.

Section B-- The estate of the deceased

- is currently **OPEN** (being administered or probated)
- is **CLOSED** (not currently being administered or probated)

In consideration of the payment of the decedent's Certificate of Interest in Capital Reserve to the personal representatives, heirs, or beneficiaries named herein (as applicable), I agree to save and hold harmless and indemnify the Cooperative, its directors, officers, employees, patrons, and agents from any and all loss, claims, actions, and suits arising from the payment of such Certificate of Interest to the personal representatives, heirs, or beneficiaries named herein.

Signature of Applicant

State of _____ County of _____

I, the undersigned Notary Public of the County of _____ and State aforesaid, certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed.

Witness my hand and Notarial stamp or seal this _____ day of _____, 20_____.

Notary Public _____

My Commission Expires: _____

(Affix Seal)

Notary's Printed or Typed Name

Return to: Certificate Redemption
1304 Annapolis Drive
Raleigh, NC 27608

Email: tobaccocheck@usleaf.com
Phone: 919-645-6011
Fax: 919-719-3950

www.tobaccocheck.com
Revised 08-08-2016