



## UNCLAIMED CAPITAL CREDITS FORM

Complete this claim and return to Pioneer Connect. Once received, Pioneer Connect will validate your claim. Your claim will be processed within 30 days and a check will be mailed to the current mailing address entered below.

### MEMBER INFORMATION

Member's Name \_\_\_\_\_ Member Account Number \_\_\_\_\_

### SERVICE ADDRESS WHEN MEMBER HAD SERVICE WITH PIONEER

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### APPROXIMATE YEARS MEMBER HAD SERVICE WITH PIONEER

From \_\_\_\_\_ To \_\_\_\_\_

### YOUR INFORMATION

Your Name \_\_\_\_\_ Current Daytime Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Email Address \_\_\_\_\_

### RELATIONSHIP TO DECEASED IF CLAIMING FOR AN ESTATE

Relationship \_\_\_\_\_

Note: Attach copy of death certificate & notarized copy of member's will, trust, or small estate affidavit which states the heir(s) entitled to claim the member's account.

### YOUR SIGNATURE

Your Signature \_\_\_\_\_

**\*\*YOU MUST INCLUDE A COPY OF YOUR DRIVER'S LICENSE OR LEGAL ID\*\***

**ADDITIONAL DOCUMENTATION MAY BE REQUESTED BY PIONEER CONNECT TO COMPLETE VERIFICATION**

Return to  
patronage@pioneerconnect.net  
or mail to

Pioneer Connect, ATTN: Patronage  
PO BOX 631  
Philomath, OR 97370

**PIONEER.NET/CAPITALCREDITS**  
**541-929-3135 OR**  
**541-563-3135**