



*"Working with you"*

PO Box 125, Stewartville MN 55976  
(507) 533-4222

**APPLICATION FOR RETIREMENT/TRANSFER OF STOCK OR REVOLVING CAPITAL**

Please complete this form with as much information as possible. Return this form with a copy of the death certificate or obituary. Please be sure to let us know who to make the check out to and where to mail it.

Name of Deceased Stockholder: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Relationship of Applicant: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Is there a Will? (YES) OR (NO)

Probate of Estate:

Has been closed \_\_\_\_\_

Will be commenced \_\_\_\_\_

Is now being held \_\_\_\_\_

Will not be probated \_\_\_\_\_

Administrator of Estate: \_\_\_\_\_

Attorney for Estate \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name/Address of heirs: \_\_\_\_\_

Name(s) on Certificate of Stock: \_\_\_\_\_

Certificate number(s) / shares: \_\_\_\_\_

Will Stock be (Redeemed) or (Transferred)

Name and address of person receiving:

\_\_\_\_\_  
\_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

\_\_\_\_\_  
Signature of Administrator / Heirs