



Unclaimed Retired Capital Credits Refund Request

General Information/Request :

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

Return form to:

UNITED POWER, INC.

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

Office Use Only

Processed By: _____

Date: _____

**For electronic submission, please contact
United Power Member Services.**

Provide information requested below.

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. Last 4 of 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:

Signature

I, _____, certify that
(PLEASE PRINT NAME)

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)