



Northern Lights, Inc.
PO Box 269, Sagle ID 83860-0269
208-263-5141 or 1-800-326-9594

REQUEST FOR EARLY RETIREMENT OF CAPITAL CREDITS OF ESTATE

PLEASE INDICATE HOW CHECK SHOULD BE MADE PAYABLE USING THE BLOCK BELOW

NAME	_____
ADDRESS	_____
CITY/STATE/ZIP	_____
PHONE#	_____
SSN#	_____
WERE ANY ACCOUNTS COVERED BY THIS MEMBER # USED FOR BUSINESS PURPOSES?: NO YES – IF YES, TAX ID#:_____	

AFFIDAVIT

I, _____, being first duly sworn upon oath depose and state that I am the (son, daughter, executor, etc.) _____ of _____ and as such, am entitled to claim and receive a refund of the accumulated capital credits of Northern Lights, Inc. now on record with said company. I understand that because I am requesting an early retirement of said capital credits, that the total unpaid amount will be discounted to a present value of 66%. I agree that the discounted retirement will apply first to any past due balances on accounts of applicants and the remainder will be made payable and mailed to the name and address shown above.

The undersigned will hold harmless Northern Lights, Inc. from any further liability by reason of the payment of the above mentioned credits to the affiant and if there are other claimants besides the undersigned, will assume the responsibility of the division of said credits to the claimants in their rightful proportion.

Affiant's Signature _____

Subscribed and sworn before me this _____ day of _____ 20____

Affix Notary Stamp here	Notary Signature _____
	Notary Public in and for the State of _____
	Residing _____
	My commission expires _____

Fill out this form where indicated above and then print it off. You will need to have the affidavit portion signed in the presence of a notary. (NLI has notaries available for your convenience)

Once this is paperwork is complete return it to: Northern Lights, Inc
Attn: Starla
PO Box 269
Sagle ID 83860

FOR COOPERATIVE USE ONLY: MEMBER # _____ RCD: _____ BY: _____