

Hey, Do We Have Your Money?

Every year, KIUC publishes a list of members to whom we owe a patronage capital refund. Patronage capital is the money KIUC has left after paying all of its expenses in a given year. At the end of the year, that money is credited to each member's patronage capital account, according to the amount paid for electricity used.

In past years, KIUC issued checks to members, so it's possible some of those on the list simply forgot to cash the check or accidentally threw it away.

If your name appears on the list, you must apply for a refund. Please complete the refund form below and provide a copy of picture ID as proof the person requesting the refund is the same as the account holder.

You can mail in the form or bring it in to our office. If you need additional forms, download one from our website at www.kiuc.coop. If you have questions about patronage capital, please call 246.4300.

Please allow 45 business days for us to process your request.

Request for Patronage Capital Refund

Please Print:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____ Email: _____

Alternate Number: () _____ KIUC Account No. _____

Social Security Number: _____ or Driver's License Number: _____

Business Federal Identification Number _____

I hereby certify and declare that:

1. I am the party legally entitled to claim ownership of this Patronage Capital Account, and
2. I have attached documentation to support and validate my claim for ownership of this Patronage Capital Account, and
3. I agree to indemnify and hold KIUC harmless for any and all damages, which may arise from subsequent claims to this Patronage Capital Account, and
4. I understand that a copy of this certification statement will be released to any party making subsequent claim to this Patronage Capital Account.
5. I understand that to the extent such member-owner or deceased member-owner owes any outstanding sums to KIUC, any Patronage Capital credits to be retired shall be applied by way of set-off to such sums.

Signature of applicant _____ Date _____

Select method of refund:

(Please allow 45 business days to process your request)

Apply refund to account _____

Request check refund _____

Office use only:

Received _____

Original check# _____ Amount \$ _____

Original date issued _____ Date reissued _____

Check# reissued _____ Amount \$ _____

Initial _____ ID: _____

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Mail request form with a copy of your picture ID to:

Member Services
Patronage Capital
Kaua'i Island Utility Cooperative
4463 Pahe'e St., Suite 1
Lihu'e, HI 96766-2000