

APPLICATION FOR WITHDRAWAL OF EQUITY

FORM L421 (Rev. 06)

RETAIL Prairie Sky Co-op DATE _____

MEMBER NAME _____ MEMBER NUMBER _____

ADDRESS _____ MEMBER TEL # : _____

CITY _____ PROVINCE _____ POSTAL CODE _____ EMAIL ADDRESS: _____

REASON FOR WITHDRAWAL – (CHECK ONE AND COMPLETE DETAILS)

ESTATE – ADMINISTRATORS ARE: NAME/S _____ **Tel#** _____
(Death Certificate is needed)
ADDRESS _____
CITY _____ PROVINCE _____ POSTAL CODE _____

MOVED – FROM THIS CO-OPERATIVE TRADING AREA TO:
(6 month inactive period required from the time form is received at the Co-op)
ADDRESS _____
Date moved: _____
CITY _____ PROVINCE _____ POSTAL CODE _____

AGE (AS PER BYLAW): _____ **BIRTH DATE** _____
(needs to turn 65 as per policy) YEAR MONTH DAY
PROOF OF AGE SHOWN TO _____ (STAFF MEMBER'S SIGNATURE)

OTHER (SPECIFY) _____
(more information may be required)

IF 'ESTATE', 'MOVED' OR 'AGE' (APPLICANT TO CHECK ONE OF THE FOLLOWING AND SIGN):

- Please choose one of these options {
- I REQUEST PAYMENT IN FULL, AND BY SO DOING, AM AWARE THAT I AM NOT ELIGIBLE FOR ANY PATRONAGE REFUNDS WHICH MAY BE ALLOCATED, AFTER PAYMENT IS MADE.
 - REPAY ONLY AFTER ALLOCATION FOR THE CURRENT YEAR HAS BEEN DECALRED AND PROCESSED. (June of each year)
 - RETAIN MEMBERSHIP FEE \$ 200.00 UNTIL AFTER CURRENT ALLOCATION
 - TO RETAIN MEMBERSHIP
- TRANSFER EQUITY** (Death Certificate AND The Last Will of the deceased -1st & last page OR Instruction from the Law firm)

TO: NAME _____ MEMBER NUMBER _____

ADDRESS _____ BIRTH DATE _____

CITY _____ PROVINCE _____ POSTAL CODE _____ SIN _____

PHONE () _____

The Co-op respects your privacy. The personal information in this form will be used to communicate with you and to administer the Equity and Cash Back Program. The Co-op requires your Social Insurance Number (SIN) because the law requires us to report patronage allocations for income tax purposes. Your date of birth is used to administer the overage policy with respect to the Equity and Cash Back Program.

I understand that by signing this application form, I am consenting to the collection of my personal information and to its use for the stated purposes.

APPLICANT'S SIGNATURE _____

DATE APPROVED BY BOARD

MAILING ADDRESS _____

DD / MM / YYYY

CITY _____ PROVINCE _____ POSTAL CODE _____

FOR OFFICE USE ONLY

AMOUNT OF EQUITY \$ _____

PAYMENT DUE PER POLICY _____

DEDUCT - ACCOUNTS RECEIVABLE (IF ANY) _____

- MEMBERSHIP FEE OF \$ _____
TO BE RETAINED

AMOUNT OF PAYMENT \$ _____

CHEQUE NUMBER _____