



PRAIRIE SKY CO-OPERATIVE ASSOC. LIMITED

215 2nd Street NE
Weyburn, SK S4H 0V1

Phone: (306) 848-3677
Email: office@prairiesky.crs

← RETURN by mail or email or
in person at the admin office

APPLICATION FOR WITHDRAWAL OR TRANSFER OF EQUITY

REV'25

MEMBER NAME: _____	DATE: _____
ADDRESS: _____	MEMBER NUMBER: _____
_____	PHONE NUMBER: _____

APPLICANT'S SIGNATURE:
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. All decisions are made by the sole discretion of the Board of Directors. If applicable, payment will be in accordance with their decision and in the form of a cheque sent to you. (Board meetings are held once a month except for July)

APPLICANT SIGNATURE _____	JOINT MEMBER'S SIGNATURE (IF APPLICABLE) _____	DATE _____
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[A] WITHDRAWAL OF EQUITY – CHECK ONE BOX ONLY AND COMPLETE DETAILS:

ESTATE IS THE ESTATE STILL OPEN? YES NO DATE OF DEATH: _____

ESTATE ADMINISTRATOR: NAME: _____ **Attach a copy of the Death Certificate.*
 ADDRESS: _____ **Payment will be made to "The Estate of" in care of the executor or next of kin; unless no estate account is noted above.*

Please check one of the two options:
 Proceed with complete withdrawal, thus closing the membership and paying out the equity balance in full to the estate;
 Transfer \$10 of equity to the name below (complete part B) to retain the membership # and pay out the balance of equity to the estate.

** Please ensure a signed copy of the related document "Bond of Indemnity" is enclosed for all Estate Withdrawal Requests*

MOVED ADDRESS: _____ **Attach proof of move outside trading area – New Driver's license, utility bill, telephone bill, etc.*

AGE OVER 65 **Attach proof of age – Driver's license, health card, birth certificate, etc. (*documents are shredded upon verification*)*
 DATE OF BIRTH: _____ AGE: _____ _____
* \$200 RETAINED TO KEEP THE MEMBERSHIP ACTIVE * ADMIN STAFF MEMBER SIGNATURE – VERIFIED AGE

BUSINESS DISSOLUTION **Attach Certificate of Intent to Dissolve or Certificate of Dissolution* **BUSINESS STILL OPEN?** YES NO

OTHER (SPECIFY) _____

PLEASE CHECK ONE OF THE FOLLOWING IN REGARDS TO EQUITY WITHDRAWAL (not applicable for Age Over 65 applications):

I REQUEST PAYMENT IN FULL, AND BY DOING SO I AM AWARE THAT I AM NOT ELIGIBLE FOR ANY PATRONAGE REFUNDS WHICH MAY BE ALLOCATED AFTER THE FINAL EQUITY WITHDRAWAL PAYMENT IS MADE (CLOSED MEMBERSHIP CAN NOT BE REINSTATED)

REPAY ONLY AFTER ALLOCATION FOR THE CURRENT YEAR HAS BEEN DECLARED AND PROCESSED (COMPLETED ANNUALLY IN JUNE)

[B] TRANSFER OF EQUITY OR CHANGE OF NAME TO: ** Living transfer : member holder to sign OR attach POA document* ** Business transfer : attach amalgamation document*
** Bus -> Personal transfer: attach shareholder(s) document*

MEMBER NAME: _____	MEMBER NUMBER: _____
ADDRESS: _____	DATE OF BIRTH: _____
_____	SIN# OR BUS#: _____
EMAIL: _____	PHONE NUMBER: _____

******* FOR OFFICE USE ONLY *******

AMOUNT OF EQUITY: _____	CHEQUE #: _____
EQUITY RETAINED (IF ANY): _____	PATRONAGE CODE: _____
DEDUCT A/R (IF ANY): _____	DATE PROCESSED: _____
AMOUNT OF PAYMENT: _____	