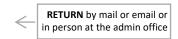


DEDUCT A/R (IF ANY):

AMOUNT OF PAYMENT:

PRAIRIE SKY CO-OPERATIVE ASSOC. LIMITED

215 2nd Street NE Weyburn, SK S4H 0V1 Phone: (306) 848-3677 Email: office@prairiesky.crs



DATE PROCESSED:

APPLICATION FOR WITHDRAWAL OR TRANSFER OF EQUITY 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) [A] WITHDRAWAL OF EQUITY – CHECK ONE BOX ONLY AND COMPLETE DETAILS: ☐ ESTATE DATE OF DEATH: _____ IS THE ESTATE STILL OPEN? ☐ YES \square NO ESTATE ADMINISTRATOR: NAME: _____ *Attach a copy of the Death Certificate. *Payment will be made to "The Estate ADDRESS: 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. st 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*) ___ AGE: _____ DATE OF BIRTH: * \$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) * Living transfer : member holder to sign OR [B] TRANSFER OF EQUITY OR CHANGE OF NAME TO: *LIVING transfer: memiattach POA document * Business transfer : attach amalgamation document * Bus -> Personal transfer: attach shareholder(s) document MEMBER NUMBER: _____ MEMBER NAME: DATE OF BIRTH: ADDRESS: SIN# OR BUS#: EMAIL: PHONE NUMBER: ***** FOR OFFICE USE ONLY ***** CHEQUE #: _____ AMOUNT OF EQUITY: EQUITY RETAINED (IF ANY): ___ PATRONAGE CODE: _____