APPLICATION FOR WITHDRAWAL OF EQUITY
(PLEASE PRINT)

RETAIL _____   DATE _____

MEMBER NAME_____   MEMBER NUMBER _____

ADDRESS _____

CITY	PROVINCE	POSTAL CODE

REASON FOR WITHDRAWAL - (CHECK ONE AND COMPLETE DETAILS)

❑ **ESTATE - ADMINISTRATORS ARE: NAME** _____

ADDRESS _____

CITY	PROVINCE	POSTAL CODE

❑ **MOVED - FROM THIS CO-OPERATIVE TRADING AREA TO:**

ADDRESS _____

CITY	PROVINCE	POSTAL CODE

❑ **AGE (AS PER BYLAW):** _____ **BIRTH DATE** _____ _____ _____
                                                    YEAR   MONTH   DAY

PROOF OF AGE SHOWN TO _____ (STAFF MEMBER'S SIGNATURE)

❑ **OTHER (SPECIFY)** _____

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

❑ 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 DECLARED AND PROCESSED.

❑ RETAIN MEMBERSHIP FEE $ _____   ❑ UNTIL AFTER CURRENT ALLOCATION
                                        ❑ TO RETAIN MEMBERSHIP

TRANSFER EQUITY TO:

NAME _____   MEMBER NUMBER _____

ADDRESS _____   BIRTH DATE _____ _____ _____
                                                           YEAR   MONTH   DAY
                                               SIN _____

CITY	PROVINCE	POSTAL CODE

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

ADDRESS _____   _____ / _____ / _____
                                                            DD   /   MM   /   YYYY

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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 _____