



APPLICATION FOR WITHDRAWAL OR TRANSFER OF EQUITY

Member Name: _____ Member Number: _____
 Address: _____ Application Date: _____
 _____ Applicant Phone: _____
 City Province Postal Code Applicant Email: _____

REASON FOR WITHDRAWAL/TRANSFER

Estate – Estate applications must be accompanied by a copy of the death certificate, along with the first page of the will identifying executors, or a copy of the grant of probate. If listed executors are deceased or have renounced the position, a copy of their death certificate or renunciation must be provided. Application must be signed by all listed administrators. Any repayment due will be issued payable to "The Estate of" unless otherwise advised.

- 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 payment is made. Retain membership fee of \$10.00 until allocation for the current year has been declared and processed, at which time final repayment will be made and account will be closed. Retain membership fee of \$10.00 and transfer membership (complete transfer section below)

Administrators are: Name(s): _____
 Address(es): _____

 City Province Postal Code

Moved (outside of trading area) – Move away applications are subject to a 6-month waiting period. Please include proof of address.

- 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 payment is made. Retain membership fee of \$10.00 until allocation for the current year has been declared and processed, at which time final repayment will be made and account will be closed. Retain membership fee of \$10.00 and transfer membership (complete transfer section below)

New Address: _____

 City Province Postal Code

Age – Over 70 as per bylaw _____ Birth Date: _____
 Age Year Month Day

Proof of age shown to: _____ (Staff member's signature)

- Retain membership fee of \$10.00 to retain membership Retain membership fee of \$10.00 and transfer membership (complete transfer section below) 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 payment is made. Retain membership fee of \$10.00 until allocation for the current year has been declared and processed, at which time final repayment will be made and account will be closed.

Change of Legal Name – complete transfer section below with new name, include supporting documentation proving connection between existing member name and new legal name.

Corporate Account Closure – include supporting documentation such as a Certificate of Dissolution from corporate registries or a letter from the company's lawyer or accountant stating that the company is no longer doing business.

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Other (please explain) _____

TRANSFER EQUITY TO (Must be completed in full if transferring membership or completing a change of name)

Name: _____ Member Number: _____
 Address: _____ Birth Date: _____
 _____ Year Month Day
 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: _____

Internal Use Only

Amount of equity	_____	Date approved by board	_____
Deduct accounts receivable (if any)	_____	Year	Month Day
Deduct equity to be retained	_____		
Amount of payment	_____	Cheque number	_____