

APPLICATION FOR WITHDRAWAL OF EQUITY

FORM L421 (Rev. 06)

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 _____

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 _____

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 _____