

APPLICATION FOR WITHDRAWAL OF EQUITY
(PLEASE PRINT)

FORM L421 (Rev. 06)
Item # 656470

RETAIL Neepawa-Gladstone Co-op, Box 879, Neepawa, MB R0J 1H0 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

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 _____