

APPLICATION FOR WITHDRAWAL OF EQUITY

FORM L421 (Rev. 2020)

(PLEASE PRINT)

RETAIL _____ DATE _____
OWNER NAME _____ OWNER NUMBER _____
ADDRESS _____ PHONE NUMBER _____
CITY _____ PROVINCE _____ POSTAL CODE _____

REASON FOR WITHDRAWAL – (CHECK ONE AND COMPLETE DETAILS)

ESTATE – ADMINISTRATOR(S) ARE: NAME _____

***DEATH CERTIFICATE REQUIRED - FORMS
MUST BE SIGNED BY EXECUTOR***

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

DISSOLVED BUSINESS (*NOTICE OF DISSOLUTION FROM PROVINCE NEEDS TO BE ATTACHED TO THIS APPLICATION)

MOVED – FROM THIS CO-OPERATIVE TRADING AREA TO:

***PROOF OF MOVE REQUIRED (EX. UTILITY
BILL, DRIVER'S LICENSE, RENTAL/LEASE
AGREEMENT***

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

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

*PROOF OF ID SHOWN TO _____ (TEAM 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 DECALRED AND PROCESSED.

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

TRANSFER EQUITY TO:

NAME _____ OWNER 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) _____

-OWNERSHIP FEE OF \$ _____
TO BE RETAINED

AMOUNT OF PAYMENT \$ _____

CHEQUE NUMBER _____