

# 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 DECALRED 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 \_\_\_\_\_