

969 – 16<sup>th</sup> Street SW Medicine Hat, AB T1A 4X5 Phone: (403) 528-6600 Email: <u>equity@sccoop.ca</u>



## APPLICATION FOR WITHDRAWAL OR TRANSFER OF EQUITY

	APPLICATION FOR WITHDRAWAL OR TRANSFER OF		
MEMBER NAME:		DATE:	
ADDRESS:	МЕМВ	ER NUMBER:	
	РНОГ	NE NUMBER:	
APPLICANT'S SIGNATURE: I understand that by signing thi	is application form, I am consenting to the collection of my personal information and to it	ts use for the stated purposes.	
APPLICANT SIGNATURE	JOINT MEMBER'S SIGNATURE (IF APPLICABLE)	DATE	
[A] WITHDRAWAL OF EQUITY – CHECK <u>ONE BOX ONLY</u> AND COMPLETE DETAILS:			
ESTATE	IS THE ESTATE STILL OPEN? 🗌 YES 🗌 NO	DATE OF DEATH:	
ESTATE ADMINISTRATOR:	NAME:	*Attach a copy of the Death Certificate.	
	ADDRESS:	*Payment will be made to "The Estate of" in care of the executor or next of kin; unless no estate account is noted above.	
-	e <b>two options:</b> The poly options of the membership and paying out the equity balar equity to the name below (complete part B) to retain the membership # and pa	nce in full to the estate;	
* Please ensure	e a signed copy of the related document "Bond of Indemnity" is enclosed for a	III Estate Withdrawal Requests	
	ADDRESS:	*Attach proof of move outside trading area – New Driver's license, utility bill, telephone bill, etc.	
AGE OVER 65 *Attach proof of age – Driver's license, health card, birth certificate, etc. (*documents are shredded upon verification*)			
	DATE OF BIRTH: AGE:		
	<b>TION</b> *Attach Certificate of Intent to Dissolve <u>or</u> Certificate of Dissolution	STAFF MEMBER SIGNATURE – VERIFIED AGE	
PLEASE CHECK ONE OF THE	FOLLOWING IN REGARDS TO EQUITY WITHDRAWAL (not applicable for Age	Over 65 applications):	
	ENT IN FULL, AND BY DOING SO I AM AWARE THAT I AM NOT ELIGIBLE FOR AN ED AFTER THE FINAL EQUITY WITHDRAWAL PAYMENT IS MADE	Y PATRONAGE REFUNDS WHICH	
REPAY ONLY AFTE	R ALLOCATION FOR THE CURRENT YEAR HAS BEEN DECLARED AND PROCESSED	O (COMPLETED ANNUALLY IN MARCH)	
	[B] TRANSFER OF EQUITY OR CHANGE OF NAME TO	):	
MEMBER NAME:	МЕМВ	ER NUMBER:	
		TE OF BIRTH:	
	SI	N# OR BUS#:	
EMAIL:	РНОГ	NE NUMBER:	
***** FOR OFFICE USE ONLY *****			

FOR OFFICE USE UNLT		
AMOUNT OF EQUITY:	CHEQUE #:	
EQUITY RETAINED (IF ANY):	PATRONAGE CODE:	
DEDUCT A/R (IF ANY):	DATE PROCESSED:	
AMOUNT OF PAYMENT:		