APPLICATION FOR WITHDRAWAL OF EQUITY

NDDRESS	RETAIL					
OTY PROVINCE POSTAL CODE REASON FOR WITHDRAWAL - (CHECK ONE AND COMPLETE DETAILS)						
REASON FOR WITHDRAWAL - (CHECK ONE AND COMPLETE DETAILS)	ADDRESS				_	
REASON FOR WITHDRAWAL - (CHECK ONE AND COMPLETE DETAILS)					_	
ADDRESS	REASON FOR	R WITHDRAWAL – (CHECK ONE AND COM	MPLETE DETAILS	5)		
		ESTATE – ADMINISTRATORS AR	E: NAME			
MOVED - FROM THIS CO-OPERATIVE TRAIDING AREA TO: ADRESS CITY PROVINCE POSTAL CODE OTHER (SPECIFY) BIRTH DATE YEAR MONTH DATE VEAR MONTH DAY PROOF OF AGE SHOWN TO (STAFF MEMBER'S SHOWNTURE) OTHER (SPECIFY) F 'ESTATE', 'MOVED' OR 'AGE' (APPLICANT TO CHECK ONE OF THE FOLLOWING AND SIGN): (IFLAFF MEMBER'S SHOWNTURE) OTHER (SPECIFY) F 'ESTATE', 'MOVED' OR 'AGE' (APPLICANT TO CHECK ONE OF THE FOLLOWING AND SIGN): (IFLAFF MEMBER'S HIP FEE S (IFLAFF MEMBER'S HIP FEE S (IFLAFF MEMBER'S HIP FEE S (IFLAFF MALLOCATION FOR THE CURRENT YEAR HAS BEEN DECALRED AND PROCESSED. (IFLAFF MEMBERSHIP FEE S (IFLAFF MEMBERSHIP TRANSFER EQUITY TO: MAME MEMBER NUMBER MEMBER			ADDRESS			
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AGE (AS PER BYLAW):			ADDRESS _			
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PROOF OF AGE SHOWN TO		AGE (AS PER BYLAW):	BIRTH DATE			
F 'ESTATE', 'MOVED' OR 'AGE' (APPLICANT TO CHECK ONE OF THE FOLLOWING AND SIGN):						
WHICH MAY BE ALLOCATED, AFTER PAYMENT IS MADE. REPAY ONLY AFTER ALLOCATION FOR THE CURRENT YEAR HAS BEEN DECALRED AND PROCESSED. RETAIN MEMBERSHIP FEE \$	F'ESTATE',	"MOVED" OR "AGE" (APPLICANT TO CHEC	SK ONE OF THE	FOLLOWING ANL	SIGN):	
RETAIN MEMBERSHIP FEE \$ UNTIL AFTER CURRENT ALLOCATION TO RETAIN MEMBERSHIP TRANSFER EQUITY TO: NAME		WHICH MAY BE ALLOCATED, AF	TER PAYMENT I	S MADE.		
TRANSFER EQUITY TO: VAME		—				
MAME				_		
ADDRESS	TRANSFER E	EQUITY TO:				
CITY PROVINCE POSTAL CODE PHONE ()	NAME				_ MEMBER NUMBER	
CITY PROVINCE POSTAL CODE PHONE ()	ADDRESS				BIRTH DATE	_
PHONE ()	_				_ SIN	
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. 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		CITY PROVINCE		POSTAL CODE	PHONE ()	
APPLICANT'S SIGNATURE DATE APPROVED BY BOARD ADDRESS	Program. The	Co-op requires your Social Insurance Number	er (SIN) because	the law requires us	to report patronage allocations for income tax purposes. Yo	our date
ADDRESS CITY PROVINCE PROVINCE POSTAL CODE FOR OFFICE USE ONLY AMOUNT OF EQUITY AMOUNT OF EQUITY PAYMENT DUE PER POLICY DEDUCT - ACCOUNTS RECEIVABLE (IF ANY) - MEMBERSHIP FEE OF \$ TO BE RETAINED	I understand t	hat by signing this application form, I am cons	senting to the colle	ection of my perso	al information and to its use for the stated purposes.	
CITY PROVINCE POSTAL CODE FOR OFFICE USE ONLY AMOUNT OF EQUITY \$		S SIGNATURE			_ DATE APPROVED BY BOARD	
FOR OFFICE USE ONLY AMOUNT OF EQUITY S AMOUNT OF EQUITY PAYMENT DUE PER POLICY DEDUCT - ACCOUNTS RECEIVABLE (IF ANY)	ADDRESS				/	
FOR OFFICE USE ONLY AMOUNT OF EQUITY S AMOUNT OF EQUITY PAYMENT DUE PER POLICY DEDUCT - ACCOUNTS RECEIVABLE (IF ANY)					DD / MM / YYYY	
AMOUNT OF EQUITY \$ PAYMENT DUE PER POLICY				POSTAL CODE	-	
PAYMENT DUE PER POLICY DEDUCT - ACCOUNTS RECEIVABLE (IF ANY) MEMBERSHIP FEE OF \$ TO BE RETAINED	FOR OFFICE U	ISE ONLY				
DEDUCT - ACCOUNTS RECEIVABLE (IF ANY) - MEMBERSHIP FEE OF \$ TO BE RETAINED		AMOUNT OF EQUITY		\$		
- MEMBERSHIP FEE OF \$ TO BE RETAINED		PAYMENT DUE PER POLICY				
TO BE RETAINED		DEDUCT - ACCOUNTS RECEIVABLE (IF A	NY)			
AMOUNT OF PAYMENT \$ CHEQUE NUMBER						
		AMOUNT OF PAYMENT		\$	CHEQUE NUMBER	