

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** _____Attach copy of death certificate **ADDRESS** _____

CITY _____ PROVINCE _____ POSTAL CODE _____

 MOVED – FROM THIS CO-OPERATIVE TRADING AREA TO:Attach copy of documentation **ADDRESS** _____

with new 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 _____

Return completed form to:

Gateway Co-op

PO Box 959

Canora, SK S0A 0L0

Email: gateway.ram@sasktel.net

Fax: 306-563-5335