

APPLICATION FOR WITHDRAWAL OF EQUITY

Member Name _____ Member # _____
Please print (Must be name membership is registered in)

Address _____
Street City Province Postal Code () Phone

SECTION 1: REASON (Please check one of the boxes and complete the details)

<input type="checkbox"/>	ESTATE	Administrator's Name: _____
		Mailing Address: _____
Status:	Open _____	_____
	Closed _____	_____
		<small>City Province Postal Code Phone</small>

Date of Death: _____/_____/_____ <small>Month Day Year</small>	Must enclose a copy of the Death Certificate and first page of Will
--	--

<input type="checkbox"/>	AGE BY-LAW 70 YEARS OR OLDER	Age: _____	Date of Birth: _____ <small>Month Day Year</small>	PROOF ENCLOSED <input type="checkbox"/>	PROOF SHOWN <input type="checkbox"/>
				<small>Legal Document (Photocopy) ie: Drivers Licence</small>	<small>Legal Document ie: Drivers Licence</small>

<input type="checkbox"/>	MOVING OUT OF TRADING AREA	Must provide new address: _____
	Effective Date: _____ <small>Month Day Year</small>	_____ <small>City Province Postal Code () Phone</small>
<small>The trading area includes all communities from Victoria up to Ladysmith and from Buckley Bay to Campbell River..</small>		

<input type="checkbox"/>	OTHER (Must specify reason)	_____
--------------------------	------------------------------------	-------

SECTION 2: OPTIONS: (Please check one)

<input type="checkbox"/>	Retain \$25.00 in common shares to keep membership active.
<input type="checkbox"/>	Payment in full now thus closing membership (Please enclose any outstanding cheques with this withdrawal form)
<input type="checkbox"/>	Payment in full after patronage is paid in December.

Applicant's signature: _____ **Date:** _____
(Must be signed by Member, Administrator or Power of Attorney)

All applications are subject to approval by the Board of Directors at a Monthly Board Meeting.

FOR OFFICE USE ONLY	Common shares 0570 _____	Date approved by Board _____
	Retain Membership _____	
	Other _____	
	Preferred shares 05701 _____	
<small>(Revised April 2020)</small>	Amount of Payment _____	Cheque # _____

Please sign form when completed and send to us by: mail to the address above; drop off at any Peninsula Co-op location; fax to 250.652.5298 or email to membership@peninsulaco-op.com together with supporting documents.