

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	Executor's Name: _____ Mailing Address: _____ _____ <small>City Province Postal Code Phone</small>
Issue cheque payable to: Estate: Executor:		

Date of Death: _____ <small>Month Day Year</small>	Must enclose a copy of the Death Certificate and one of the following: <ul style="list-style-type: none"> ▪ Page of the Will that names the Executor(s) of the Estate ▪ Court document that names the Executor(s) of the Estate ▪ Marriage certificate if there was no Will and this form is being completed by a spouse
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<input type="checkbox"/>	AGE BY-LAW 70 YEARS OR OLDER	Age: _____ <small>Month Day Year</small>	Date of Birth: _____ <small>Month Day Year</small>	PROOF ENCLOSED <input type="checkbox"/>	PROOF SHOWN <input type="checkbox"/>
		<small>Legal Document (Photocopy)</small>		<small>Legal Document</small>	
		<small>ie: Drivers Licence</small>		<small>ie: Drivers Licence</small>	

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

<input type="checkbox"/>	OTHER (Must specify reason) _____
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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 <i>(Please enclose any outstanding cheques that need to be reissued)</i>
<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 _____	
Revised 03/2022	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.