

## APPLICATION FOR WITHDRAWAL OF EQUITY

Member Name \_\_\_\_\_ Member # \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Address \_\_\_\_\_  
Street City Province Postal Code Phone

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

<input type="checkbox"/>	<b>ESTATE</b>	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>		<b>Must enclose a copy of the Death Certificate and one of the following:</b> <ul style="list-style-type: none"> <li>▪ Page of the Will that names the Executor(s) of the Estate</li> <li>▪ Court document that names the Executor(s) of the Estate</li> <li>▪ Marriage certificate if there was no Will and this form is being completed by a spouse</li> </ul>
<input type="checkbox"/>	<b>MOVING OUT OF TRADING AREA</b> Effective Date: ____ / ____ / ____ <small>Month Day Year</small>	<b>Must provide new address:</b> _____ _____ <small>City Province Postal Code Phone</small>
The trading area includes all communities from Victoria up to Ladysmith and from Buckley Bay to Campbell River..		
<input type="checkbox"/>	<b>OTHER</b> <b>(Must specify reason)</b> _____	

**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 (include documentation)

**Print Name** (if signing on behalf of a business or individual): \_\_\_\_\_

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

<b>FOR OFFICE USE ONLY</b>	Common shares 0570 _____	Date approved by Board _____
	Retain Membership _____	
	Other _____	
	Preferred shares 05701 _____	
Revised 05/2023	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; email to [membership@peninsulaco-op.com](mailto:membership@peninsulaco-op.com) together with supporting documents.