

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"/>	ESTATE	Executor's Name: _____ Mailing Address: _____ _____ <small style="margin-left: 100px;">City</small> <small style="margin-left: 100px;">Province</small> <small style="margin-left: 100px;">Postal Code</small> <small style="margin-left: 100px;">()</small> <small style="margin-left: 100px;">Phone</small>
Issue cheque payable to: Estate: Executor:		
Date of Death: _____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 100px;">Day</small> <small style="margin-left: 100px;">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
<input type="checkbox"/>	MOVING OUT OF TRADING AREA Effective Date: _____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 100px;">Day</small> <small style="margin-left: 100px;">Year</small>	Must provide new address: _____ _____ <small style="margin-left: 100px;">City</small> <small style="margin-left: 100px;">Province</small> <small style="margin-left: 100px;">Postal Code</small> <small style="margin-left: 100px;">()</small> <small style="margin-left: 100px;">Phone</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) _____	

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)

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.

FOR OFFICE USE ONLY	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 together with supporting documents.