

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: 250px;">City Province Postal Code Phone</small>
Issue cheque payable to: Estate: Executor:		Please enclose any outstanding cheques that need to be reissued to the Estate or the Executor.
Date of Death: _____ <small style="margin-left: 50px;">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 	
<input type="checkbox"/>	MOVING OUT OF TRADING AREA Effective Date: _____ <small style="margin-left: 50px;">Month Day Year</small>	Must provide new address: _____ _____ <small style="margin-left: 250px;">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"/>	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"/>	Pay current balance in shares and close membership immediately. Final payment - no further rebates will be issued.

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.

<i>FOR OFFICE USE ONLY</i>	Common shares 0570 _____ Retain Membership _____ Other _____ Preferred shares 05701 _____ Amount of Payment _____	Date approved by Board _____ _____ _____ _____ Cheque # _____
Revised 05/2023		

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.