

The equity account of: _____ # _____
 PREVIOUS Address: _____

[A] CHOOSE ONE OF THE FOLLOWING:

Moved from Trading Area to: _____
 Effective Date: _____

Proof of Address is required. For more information contact our Equity Department.

Please complete this section.

June Payout. *Applications accepted up to May 1st*

December Payout. *Applications up to November 1st*
Includes patronage refund made on January 31st of the current year.

Please choose one.

Over Seventy (Proof has been shown to):
 Year Month Day

 Staff Member's Signature

Estate - Administrators are:
 Name: _____ Payout equity on present balance
 Address: _____ Payout equity after current year's allocation
 _____ Retain \$100.00 (for Transfer) and payout balance to estate

Other (Specify Reason): _____

[B] TRANSFER:

Name : _____ # _____
 Address: _____ Birthdate: Year Month Day

 _____ SIN#: _____

DATE: Year Month Day

Signed By: _____

Please sign here.

***** FOR OFFICE USE ONLY *****

Vendor #50005		Invoice/Cheque#
Coding	Debit	Credit
0570		
0120		

Total Equity \$ _____
 Less \$100.00 - _____
 Less Accts. Rec. - _____
 Total Repayment/Transfer \$ _____