

## EQUITY APPLICATION

\_\_\_\_\_

member number

\_\_\_\_\_

member name

\_\_\_\_\_

member name (joint)

\_\_\_\_\_

payee (if difference than above)

\_\_\_\_\_

mailing address

\_\_\_\_\_

city / town

\_\_\_\_\_

province

\_\_\_\_\_

postal code

full redemption

\_\_\_\_\_

share: \$

\_\_\_\_\_

surplus: \$

please indicate reason for redemption:

- service
- location / moved
- dissatisfied
- changed financial institution
- financial hardship
- deceased

I / We confirm the above information is true and correct. I / We understand no future equity allocations shall be credited following the date of my equity redemption. I / We understand request approvals are at the sole discretion of the Board of Directors and will be made quarterly and that if approved payments will be made within 10 business days of the board meeting following quarter end.

Note: Joint accounts only require one signature, however, payment will be made payable jointly to members named on the account.

\_\_\_\_\_

member signature

\_\_\_\_\_

print name

\_\_\_\_\_

member signature

\_\_\_\_\_

print name

\_\_\_\_\_

date (day / month / year)