

The equity account of: \_\_\_\_\_ # \_\_\_\_\_  
 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.

June Payout. *Applications accepted up to May 1<sup>st</sup>*

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

**Over Seventy** (Proof has been shown to):  
 \_\_\_\_\_  
 Year      Month      Day  
 [ ] [ ] [ ]

Staff Member's Signature

Copy of a Birth Certificate or Driver's Licence Required.

**Estate - Administrators are:**  
 Additional paperwork required. For more information contact our Equity Department.

Name: \_\_\_\_\_  Payout equity on present balance  
 Address: \_\_\_\_\_  Payout equity after current year's allocation  
 Phone: \_\_\_\_\_  Retain \$100.00 (for Transfer) and payout balance to estate

**Other (Specify Reason):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**[B] TRANSFER:**

Name : \_\_\_\_\_ # \_\_\_\_\_  
 Address: \_\_\_\_\_ Birthdate: Year      Month      Day  
 [ ] [ ] [ ]  
 \_\_\_\_\_ SIN#: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

DATE: Year      Month      Day      Signed By: \_\_\_\_\_  
 [ ] [ ] [ ] \_\_\_\_\_

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

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

Total Equity      \$ \_\_\_\_\_  
 Less \$100.00      - \_\_\_\_\_  
 Less Accts. Rec.      - \_\_\_\_\_  
 Total Repayment/      \$ \_\_\_\_\_  
 Transfer  
 Member Master Update ( )

Notes ( )

A/R ( )