

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  
 \_\_\_\_\_  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: \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*

**\*\*\* 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 ( )