



Saskatoon

The Saskatoon Co-operative Association Limited

Administration Department
201, 503 Wellman Crescent
Saskatoon, Saskatchewan
S7J 0T1 Canada

Phone (306) 933-3801
admin@saskatooncoop.ca
www.saskatooncoop.ca



Application for Withdrawal of Equity

NAME ON MEMBERSHIP

MEMBER NUMBER

MAILING ADDRESS/BOX NUMBER

CITY/PROVINCE

POSTAL CODE

REASON FOR WITHDRAWAL OF EQUITY – CHECK ONE OF THE BOXES AND COMPLETE DETAILS – SIGN AND DATE BELOW

ESTATES

ESTATE ADMINISTRATORS ARE:

NAME

PHONE #

ADDRESS/BOX NUMBER

CITY/PROVINCE

POSTAL CODE

Date of Death _____ *Attach Death Certificate or Funeral Notice.

*Payment will be made to 'The Estate of' in care of the executor, or in care of next of kin.

INSTRUCTIONS: (CHECK ONE OF THE TWO OPTIONS)

Complete withdrawal thus closing membership.

(Cheque is made out to the "Estate of", if no estate account, please note this on this form)

Please transfer \$10.00 of the equity to the name below and pay out the balance of the equity to the estate.

(If someone in the immediate family would like to retain this membership)

NAME: _____

S.I.N #: _____

ADDRESS: _____

BIRTHDATE: _____

YR/MO/DAY

CITY/PROVINCE: _____

POSTAL CODE: _____

AGE BY-LAW - 69 YEARS OR OLDER

*Attach proof of age – Driver's license, health card, birth certificate, etc.

Proof attached

AGE: _____

BIRTHDATE: _____

S.I.N #: _____

Retain Membership

Close Membership Completely

Age repayments are subject to the member retaining a minimum required equity balance as established by the board of directors from time to time. The member only needs to apply once for their repayment

LEAVING THE TRADING AREA

*Attach proof of move away – New Driver's license, electrical bill, telephone bill, etc.

Proof attached

FORWARDING MAILING ADDRESS/BOX NUMBER

CITY/TOWN

PROVINCE/STATE

POSTAL CODE/ZIP CODE

S.I.N #

I request payment in full and by doing so, I am aware that I am not eligible for any patronage refunds after payment is made.

OR

Retain membership until current year's allocation is made.

I understand that by signing this application form, I am consenting to the collection of my personal information and to its use for the stated purposes.

DATE

APPLICANT SIGNATURE

JOINT MEMBER'S SIGNATURE (IF APPLICABLE)

(OFFICE USE ONLY)

Amount of Equity _____

Cheque # _____

Transfer \$10 _____

Date Processed _____

TOTAL _____



WHEN CAN I APPLY TO HAVE MY EQUITY REPAID?

Saskatoon

Under the by-laws of the Saskatoon Co-operative, there are **three** options available for members to withdraw their equity:

1. IF THE MEMBER PASSES AWAY:

In the event of the death of a member, the Co-operative will pay all equity to the member's estate. Once the executors sign the application, it will be dealt with at the next regularly scheduled Board Meeting. If a surviving spouse OR a member of the family wishes to retain the same Co-op number, this should be indicated by the executor on the original Application for Withdrawal and \$10.00 will be retained in order to keep the membership active. Payment will be issued and mailed out 4-6 weeks after the board meeting. If a joint member passes away, the membership must be transferred into a sole membership to the surviving member by filling out the Equity Transfer form.

2. WHEN THE MEMBER REACHES THE AGE OF 69:

Application for repayment can be made any time after a member reaches the age of 69. Joint member equity is payable when the younger individual in the membership reaches the age of 69. The application will be dealt with at the next regularly scheduled Board Meeting. \$10.00 will be retained in order to keep the membership active, unless complete closure of the membership is requested. Payment will be issued and mailed out 4-6 weeks after the board meeting.

3. IF THE MEMBER LEAVES THE SASKATOON CO-OP TRADING AREA

Once the member has established a permanent residence outside of the Saskatoon Co-op trading area, the member or members can submit a signed application along with the evidence of their new address to the Board of Directors. These application payouts are issued and mailed out 4-6 weeks **after** the December and June board meeting, depending on the time of year the applicant has submitted their application. If the member applies after April 15 and before October 15, payment will be processed at our December board meeting. If the member applies after October 15 and before April 15, the payment will be processed at our June board meeting. The full amount of equity is paid out, resulting in the membership being cancelled.

HOW TO SUBMIT YOUR DOCUMENTATION

Email to: admin@saskatooncoop.ca

Mail to: 201-503 Wellman Crescent, Saskatoon, SK S7T 0J1

Drop it off at any Saskatoon Co-op location in a sealed envelope with **"ATTN: Member Relations"** written on it

Please email or call 306-933-3801 if you have any questions.

Saskatoon Co-op is committed to protecting your privacy. Your personal information will be treated with the utmost discretion, and will be used only when necessary in the day-to-day operations of our business, or when required to by law.