

PERSONAL MEMBERSHIP WHEN CAN I APPLY TO HAVE MY EQUITY PAID?

(see reverse for application form)

Under the by-laws of Central Alberta Co-op, the following options are available for members to withdraw their equity.

1. IF THE MEMBER PASSES AWAY:

In the event of the death of a member, Central Alberta Co-op will pay all equity to the member's estate. Once the Executor(s) sign the application, it will be presented at the next scheduled Board Meeting. Upon Board approval, payment will be issued. 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 \$5.00 will be retained in order to keep the membership active. In the situation of a joint membership* all equity will be transferred to the surviving joint member.

| Documentation required: Copy of the portion of the will that lists the Executor(s) & proof o |
|--|
| death |

2. WHEN THE MEMBER REACHES THE AGE OF 65:

Application for repayment can be made any time after a member reaches the age of 65. Joint member equity is payable when both members have reached the age of 65. The application will be presented at the next scheduled Board Meeting. Upon Board approval, payment will be issued. The member only needs to apply once for their initial repayment. Further allocations of equity will be paid out every year other than \$5.00 membership fee.

□ Documentation required: Proof of age. i.e. Driver's Licence, health card, birth certificate.

3. IF THE MEMBER LEAVES THE CENTRAL ALBERTA CO-OP TRADING AREA

Once the member has established a permanent residence outside of the Central Alberta Co-op trading area, the member or members can submit a signed application along with a copy of proof of their new address to the Board of Directors. These applications are paid out twice a year in May and November if the member applies before March 15th or September 15th. The full amount of equity is paid out, resulting in the membership being closed.

□ Documentation required: Proof of new address i.e. Driver's Licence, utility bill.

How to submit your documentation

- Fax to 403-341-5811
- Email to membership@centralab.coop
- Mail to: 6201-46 Avenue, Red Deer, AB T4N 6Z1
- Drop off at any Central Alberta Co-op location in a sealed envelope with "Administration" written on it

Please call 403-343-2667 or email membership@centralab.coop if you have any questions.

Central Alberta 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 by law

Revised: November 2018

^{*} new joint memberships discontinued April 2014

[&]quot;The trading area is defined as the area encompassed by Secondary Highway 611 to the north, Secondary Highway 567 to the south, Highway 884 to the east, and west to the Alberta/B.C. border".

APPLICATION FOR WITHDRAWAL OF EQUITY

Central Alberta Co-op Ltd. (see reverse for instructions)

| | , | , | |
|--|--|---|--|
| MEN | MBER NAME: | MEMBER #: | |
| MEMBER BIRTHDATE:(used to verify identity) MAILING ADDRESS: | | DATE: | |
| | | PHONE #: | |
| | | | |
| | CON FOR WITH DRAWAL OF FOURTY OUT ON | EMAIL: | |
| KEA | SON FOR WITHDRAWAL OF EQUITY – CHECK ONE | OF THE THREE BOXES AND COMPLETE DETAILS | |
| | ESTATES *Attach a copy of the portion of the will that lists | s the Executor(s) & proof of death | |
| | ESTATE ADMINISTRATORS ARE: NAME: | PHONE #: | |
| | MAILING ADDRESS: | | |
| | DATE OF DEATH: | | |
| | PLEASE CHECK ONE OF THE FOLLOWING: | | |
| | Retain all equity in this Co-op # (this is the only option | for joint memberships) | |
| | Please transfer \$5.00 to the name below and pay out the | | |
| | | ligible for any patronage refunds which may be allocated after | |
| | Repay only after allocation for the current year has been | en declared and processed | |
| | Transfer all equity to Member # | · | |
| | MEMBER NAME: | PHONE # | |
| | (One person only) | | |
| | MAILING ADDRESS: | BIRTHDATE: | |
| | | SIN # | |
| | EMAIL: | SIGNATURE: | |
| | AGE BY-LAW - 65 YEARS OR OLDER *Attach proof | of age - Driver's licence, health card, birth certificate, etc. | |
| | □ Retain membership (\$5.00 will be retained to keep □ Close membership completely | • | |
| | LEAVING THE TRADING AREA *Attach proof of move | away – New driver's licence, utility bill, etc. | |
| | ☐ I request payment in full. I am aware that I am not eligible for any patronage refunds which may be allocated | | |
| | after payment is made. (deadline September 15th for payout in November) ☐ Repay only after allocation for the current year has been declared and processed (deadline March 15th for | | |
| | payout in May) | | |
| | FORWARDING ADDRESS: | PHONE #: | |
| | | | |
| l unde | rstand that by signing this application form, I am consenting to the c | ollection of my personal information and to its use for the stated purposes | |
| | APPLICANT'S SIGNATURE/EXECUTOR | JOINT MEMBER'S SIGNATURE (IF APPLICABLE) | |
| ADMINISTRATION USE ONLY | | | |
| AMO | OUNT OF EQUITY \$ | ☐ Overage Payout – Code 87 ☐ Partial Payout - Code 99 | |

☐ Move Away Payout – Code 94

☐ Code **Yes** to wait for May

☐ Total Payout: Code 95

☐ Transfer All: Code 93

Add uncashed chqs

\$

Retain \$5.00 Membership Fee

AMOUNT OF EQUITY PAIDOUT