



BUSINESS 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 business members to withdraw their equity.

1. IF THE BUSINESS IS DISSOLVED:

- Sole Proprietorship – Equity will be transferred, please use Business Name Change or Transfer Form. In the situation of an Estate, please use Personal Withdrawal of Equity Form.
- Unlimited Partnership - Equity will be transferred to the individual memberships according to percentage of ownership, please use Business Name Change or Transfer Form. Death of a partner dissolves the partnership.
- Limited Company
 - Documentation required: Certificate of Intent to Dissolve or Certificate of Dissolution

2. WHEN THE MEMBER REACHES THE AGE OF 65:

- Sole Proprietorship - please use Personal Withdrawal of Equity Form.
- Unlimited Partnership – All partners must be the age of 65. Equity will be paid out to the company.
 - Documentation required: Proof of age for all partners i.e. Driver's Licence, health card and percentage of share in the company.
- Limited Company – A corporation in itself does not age. However, if a shareholder in a corporation reached the age of 65, that shareholder may apply for a one-time repayment of their share of equity from the corporation. Payment will be to the corporation.
 - Documentation required: Proof of age and percentage of shares in the company.

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 (and is no longer doing business in the 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.

- Sole Proprietorship
 - Documentation required: Proof of new address. i.e. confirmation of the company's new address from the Government of Alberta or Revenue Canada, Driver's Licence.
- Unlimited Partnership
 - Documentation required: Proof of new address i.e. confirmation of the company's new address from the Government of Alberta or Revenue Canada
- Limited Company
 - Documentation required: Certificate of Continuance, Certificate of Incorporation, communication from the Government of Alberta or Revenue Canada.

"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".

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

APPLICATION FOR WITHDRAWAL OF EQUITY

Central Alberta Co-op Ltd.

(see reverse for instructions)

MEMBER/BUSINESS NAME: _____ MEMBER #: _____

The name above is the legal name of the company, or

The name above is a trade name – the parent company's legal name is:

DATE: _____

PHONE #: _____

MAILING ADDRESS: _____

EMAIL: _____

REASON FOR WITHDRAWAL OF EQUITY – CHECK ONE OF THE THREE BOXES AND COMPLETE DETAILS

DISSOLVED *Attach proof of dissolution/intent to dissolve.

MEMBER/BUSINESS NAME: _____

MAKE CHEQUE PAYABLE TO: _____
(Only if Company is already dissolved)

MAILING ADDRESS: _____ PHONE #: _____

EMAIL: _____

COMPANY DISSOLVED OR WILL BE DISSOLVING ON: _____

AGE BY-LAW – 65 YEARS OR OLDER *Attach proof of age – Driver's licence, health card, birth certificate, etc.

BIRTHDATE: _____ % of equity to be paid out.

LEAVING THE TRADING AREA *Attach proof of new address

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)

NEW ADDRESS: _____ PHONE #: _____

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.

APPLICANT'S SIGNATURE

JOINT MEMBER'S SIGNATURE (IF APPLICABLE)

ADMINISTRATION USE ONLY

AMOUNT OF EQUITY	\$	<input type="checkbox"/> Dissolved – Code 86
		<input type="checkbox"/> Overage Payout – Code 87
AMOUNT OF EQUITY PAIDOUT	\$	<input type="checkbox"/> Move Away – Code 94