

Dear Member:

Our bylaws state that those members who are **69 years of age and over** may apply to withdraw a portion of their equity with Sherwood Co-operative Association Limited. We retain \$5.00 in equity to keep the membership active. If you wish to close the membership completely, please provide a reason for this request in the space provided. All payments of equity are subject to approval by our Board of Directors.

Please complete the Application for Withdrawal of Equity on the back of this sheet. **We also require a copy of proof of age (driver's license, Saskatchewan Health Care card, etc). The proof must show your current name and your birth date.** If the member is no longer able to sign for himself/herself, someone with enduring power of attorney may do so, but must attach a copy of the Power of Attorney documentation.

Once we receive all the necessary documentation, your application will be presented to the Board of Directors for approval. Upon receiving Board approval, a cheque will be mailed out to you. Directors meet on a monthly basis. Based on the timing of your application, it may take up to 6 weeks to receive your payment.

Please mail your documentation to:

Sherwood Co-operative Association Limited
Box 5044
Regina, SK S4P 3X5

or fax to: (306) 791-0060

If you have any questions, please call Member Inquiries at (306) 791-9321 or email member.relations@sherwoodco-op.com.

Form checklist:

- _____ Did you include your member number and the name the membership is in?
- _____ Is your mailing address filled in, complete with postal code?
- _____ Did you include your phone number?
- _____ Did you fill in your age and birth date?
- _____ Did you sign the application? If signed by power of attorney, did you attach a copy of that document?
- _____ Did you include a copy of proof of age?

Sherwood 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
SHERWOOD CO-OPERATIVE ASSOCIATION LIMITED

OVER AGE 69

Instructions Above

MEMBER # _____

DATE: _____

MEMBER NAME: _____

MAILING ADDRESS: _____

TOWN/CITY: _____

POSTAL CODE: _____

PHONE NUMBER: _____

AGE: _____

BIRTH DATE _____ year _____ month _____ day

SIN: _____

If you wish to close your membership **completely**, please provide your reason here:

APPLICANT'S SIGNATURE: _____

ADMINISTRATION USE ONLY	
AMOUNT OF EQUITY _____	Employee Signature: _____