

Dear Executor:

Our bylaws allow that the equity of a deceased member may be paid out to that member's estate. The Executor may:

- a) apply to withdraw all of the equity now. Check the box by "I request payment in full...". The equity will be paid after receiving approval by the Board of Directors, and the membership will be closed.
- b) apply to withdraw all of the equity except \$5.00. The membership could then be transferred to someone else so that person could keep using the number. Check the box by "Retain \$5.00 to ..."
- c) apply to transfer the equity to another membership number. Check the box by "Transfer all...".

We also require a copy of the death certificate and the first page of the Will where it names the Executor. (If there is no Will, please contact Administration for a Statutory Declaration that must be signed by a Notary Public / Commissioner of Oaths.)

Once we receive all the required documentation, the application will be presented to the Board of Directors for approval. Upon receiving Board approval, a cheque will be mailed to the Estate, in care of the Executor. 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 the 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 the member number and the name the membership is in?
- _____ Is the Executor's address filled in, complete with postal code and phone number?
- _____ Did you check one of the boxes indicating how you would like us to handle the equity?
If you are not sure which one to check, please call. We will provide you with more detailed information to help you make a decision.
- _____ If you wish to keep the number active, or just transfer the equity to another number, did you fill in the transfer section?
- _____ Did the Executor(s) sign the application?
- _____ Did you include a copy of the death certificate **and** the first page of the Will?

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
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APPLICATION FOR WITHDRAWAL OF EQUITY
 SHERWOOD CO-OPERATIVE ASSOCIATION LIMITED
ESTATE

Instructions Above

MEMBERSHIP # _____

DATE: _____

MEMBER NAME: _____

EXECUTOR NAME: _____

EXECUTOR ADDRESS: _____

POSTAL CODE: _____

PHONE NUMBER: _____

PLEASE CHECK ONE OF THE FOLLOWING:

- 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.
- Retain \$5.00 to keep member # (fill in transfer section below).
- Transfer all equity to Member # _____ (fill in transfer section below).

If someone is keeping this share, we will transfer \$5.00 in equity to that person.

NAME: _____ Birth Date: _____

ADDRESS: _____ S.I.N. _____

_____ Phone # _____

I understand that I will become a member only after board approval of this membership application. Upon becoming a member, I agree to be bound by the bylaws and policies of the Co-op, as amended from time to time. I agree that the Co-op shall have a lien on the equity which I may have at any time in the Co-op, including my shares and all funds arriving from patronage refunds or dividends, for any monies at any time owing by me to the Co-op. All shares and patronage refunds of dividends shall be held in the name of the applicant only.

The Co-op respects your privacy. The personal information in this form will be used to communicate with you and to administer the Equity and Cash Back Program. The Co-op requires your Social Insurance Number (SIN) because the law requires us to report patronage allocations for income tax purposes. Your date of birth is used to administer the overage policy with respect to the equity and Cash Back Program.

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 purpose.

SIGNATURE OF APPLICANT: _____

EXECUTOR'S SIGNATURE: _____

EXECUTOR'S SIGNATURE: _____

ADMINISTRATION USE ONLY

AMOUNT OF EQUITY

Employee Signature: