

**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 to the Estate, and the membership will be closed.
- b) apply to withdraw all of the equity except \$5.00. The membership could then be transferred to a **surviving spouse** so that person could keep using the number. Check the box by "I request that \$5.00 be withheld ..."

Please allow 6 – 8 weeks for processing at which time a cheque will be mailed to the Estate, in care of the Executor.

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 our office at (306) 791-9319 or email [katherine.eyre@sherwood.crs](mailto:katherine.eyre@sherwood.crs)

**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, did you fill in the transfer section and have the surviving spouse sign as the Applicant?
- \_\_\_\_\_ Did the Executor(s) sign the application?
- \_\_\_\_\_ Did you include a copy of the death certificate?

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**

MEMBERSHIP # \_\_\_\_\_

DATE: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

EXECUTOR NAME: \_\_\_\_\_

EXECUTOR ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

I request payment to the Estate in full. I am aware that I am not eligible for any patronage refunds which may be allocated after payment is made.

I request that \$5.00 be withheld from the payment to the estate and transferred to the surviving spouse.

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 arising 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 and will administer the personal information that you provide to it by way of this Application for Membership in accordance with its privacy policies and related practices. The personal information that you provide to the Co-op is being collected and will be used for one or more of the following purposes: to communicate with you; to administer the Equity and Cash Back Program; to open, maintain and administer your Co-op accounts; to comply with legal and regulatory requirements; for research and marketing purposes; and, to inform you about products or services by mail, telephone or other means.

The Co-op collects your Social Insurance Number ("SIN") because the law requires the Co-op to report patronage allocations for income tax purposes. Your application for membership cannot be processed without your SIN. Your date of birth is used to administer the overage policy with respect to the Equity and Cash Back Program.

The Co-op is a member of Federated Co-operatives Limited ("FCL") and will from time to time disclose your personal information to FCL to allow it to process your personal information for accounting purposes and for research and marketing purposes. FCL may need to disclose your personal information to third parties with whom it has contract agreement in place for the purposes of managing your personal information such as data collection and processing companies. The co-op provides FCL with only that information which is necessary to perform the required services. Other than the disclosure of your personal information to FCL for the aforementioned purposes, the Co-op will not disclose your personal information to any organization without your consent, except where permitted or required by law.

You may withdraw your consent for the use of your personal information by the Co-op unless legal requirements prevent this. Please note that the withdrawal of your consent may mean that the Co-op is unable to provide you with some or all of the services that you may receive otherwise. You may access your personal information, request corrections to it, or ask questions about it at any time (subject to legal or contractual requirements) by contacting the Co-op's Privacy Officer in writing. For more information regarding the Co-op's privacy policies and practices, please contact the Privacy Officer of your local Co-op.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**SIGNATURE OF WITNESS:** \_\_\_\_\_

**EXECUTOR'S SIGNATURE:** \_\_\_\_\_

**ADMINISTRATION USE ONLY**

AMOUNT OF EQUITY

Employee Signature: