

**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.

Please complete the Application for Withdrawal of Equity on the back of this sheet. We require a copy of proof of age (driver's license, Saskatchewan Health Care card, etc).

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

**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 the power of attorney document?
- \_\_\_\_\_ Did you include a copy of proof of age?

Please allow 6 – 8 weeks for processing.

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| 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  
**OVER AGE 69**

MEMBER # \_\_\_\_\_

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

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

MAILING ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_

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

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

AGE: \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

Verified by: \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

| <b>ADMINISTRATION USE ONLY</b> |                           |
|--------------------------------|---------------------------|
| AMOUNT OF EQUITY _____         | Employee Signature: _____ |