

**NEW HORIZON CO-OPERATIVE LTD.**  
**APPLICATION FOR WITHDRAWAL OR CHANGE OF EQUITY**

**MAIL TO:**

NEW HORIZON CO-OPERATIVE LTD.  
9831-100 AVENUE  
GRANDE PRAIRIE, ALBERTA  
T8V 0T7  
PHONE(780)539-6111      FAX: (780)532-5053

MEMBER NUMBER: \_\_\_\_\_

DATE \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME \_\_\_\_\_

THIS APPLICATION WILL BE PRESENTED TO THE BOARD OF DIRECTORS FOR CONSIDERATION FOR THE NEXT PAY OUT PERIOD.

**CHECK ONE AND COMPLETE AS REQUIRED (PLEASE PRINT)**

**MOVING**

FROM NEW HORIZON TRADING AREA  
NEW ADDRESS: \_\_\_\_\_

I REQUEST PAYMENT IN FULL, AND BY DOING SO, AM AWARE THAT I AM NOT ELIGIBLE FOR ANY PATRONAGE REFUNDS WHICH MAY BE ALLOCATED AFTER PAYMENT IS MADE.

PAYMENT AFTER THE PATRONAGE REFUND FOR THE CURRENT YEAR.  
(PAYMENT WILL BE ISSUED IN OCTOBER OF THE FOLLOWING YEAR)

**ESTATE**

INCLUDE COPY OF PROOF OF DEATH IF SPOUSE AND LETTERS PROBATE/ADMINISTRATION IF SOMEONE OTHER THAN SPOUSE.  
PLEASE SPECIFY RELATIONSHIP TO THE DECEASED \_\_\_\_\_

PAY TO ESTATE - NUMBER WILL BE CANCELLED     TRANSFER -RETAIN \$5.00 (COMPLETE TRANSFER SECTION)

**TRANSFER TO**     **NAME CHANGE**     **JOINT MEMBERSHIP(2 SIGNATURES REQUIRED AT BOTTOM)**

MR./MRS./MS./MISS      NAME \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_  
(CIRCLE ONE)

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

SOCIAL INSURANCE# \_\_\_\_\_ DATE OF BIRTH - DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

\*FOR NAME CHANGE ONLY:      PREVIOUS NAME \_\_\_\_\_

**MERGING TWO MEMBER NUMBERS**

NUMBER TO BE DELETED \_\_\_\_\_ NUMBER TO REMAIN OPEN \_\_\_\_\_

\*MEMBER GIVING UP NUMBER MUST SIGN FORM

**AGE POLICY**

DATE OF BIRTH-DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ PROOF OF AGE \_\_\_\_\_

SOCIAL INSURANCE# \_\_\_\_\_ \$5.00 WITHHELD TO RETAIN MEMBERSHIP

Do you have an active charge account? If yes, please be aware that we only pay out the amount left after the credit limit is deducted per our policy.

\*APPLICATION MUST BE FILLED OUT, SIGNED, AND RETURNED BY MEMBER FOR ANY OF THE ABOVE TRANSACTIONS.

MEMBER SIGNATURE \_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_

# **WHEN CAN I APPLY TO HAVE MY EQUITY PAID**

**Under the bylaws of the Co-operative, there are three circumstances  
Under which members can withdrawal their equity.**

## **1. If the member passes away.**

**In the event of the death of a member, the Co-operative will pay all equity to the member estate. Once the executors sign the application, and provide a copy of the death certificate, it will be dealt with at the next regularly scheduled Board meeting. Payment is issued shortly after the Board meeting, generally resulting in the membership being cancelled. If a surviving spouse wishes to retain the same Co-op number, this should be indicated by the executors on the original application for withdrawal and \$5.00 will be kept in equity in order to keep the membership active.**

## **2. Once the member becomes 65 years of age.**

**Application for repayment can be made any time after a member reaches the age 65. The application will be dealt with at the next regularly scheduled meeting of the Board of Directors, with payment being made shortly thereafter. All equity except for \$5.00 to keep the membership active will be paid.**

## **3. If the member moves away from the New Horizon trading area.**

**Once the member has established a residence outside of the trading area, they can submit a signed application along with evidence of their new address. The application will be dealt with at the next regularly scheduled meeting of the Board of Directors, with payment being made shortly thereafter.**