



APPLICATION FOR WITHDRAWAL or TRANSFER OF EQUITY
 Armstrong Regional Cooperative, Box 250, Armstrong, BC V0E1B0 Toll Free: 1.888.535.2667

Government Issued Photo ID Required as Proof of Identity

Applicant Name:		Phone #:	
Current Mailing Address:		Member #:	
		Application Date:	

WITHDRAWAL of EQUITY - Complete all details for the one relevant section only

<input type="checkbox"/> Estate Copy of Death Certificate Required	Name, phone #, email & mailing address of estate administrators	
<input type="checkbox"/> Moved	New Mailing Address Outside ARC Trading Area (different from current given above)	
<input type="checkbox"/> Over 65	DOB (dd-mmm-yyyy)	
	Document Used for Proof of Age	
	ARC Employee Confirming DOB	
<input type="checkbox"/> Other	Specify Reason (use back of form if needed)	

For the Above Withdrawals - Select One of the following

- I request payment in full and by so doing, am aware that I am not eligible for any patronage refunds which may be allocated after payment is made.
- Repay the entire equity balance only after allocation for the current year has been declared & processed.
- Retain the \$10 membership fee (future purchases continue to accumulate for patronage payments)

TRANSFER of EQUITY: (Contact office for documentation required to transfer from company to individual. New member # is required for all transferees, ie the transferor cannot transfer both the equity and the member # to the transferee.)

Transferee Name: _____ Transferee Member #: _____

The Armstrong Regional Cooperative (ARC) 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. All applications are presented to the ARC board of directors for approval. By signing this application form, the applicant consents to the collection of my personal information and to its use for the stated purposes.

Applicant's Signature Required: **X** _____

For Office Use Only	Current Amount of Equity	_____	Date Approved by Board:	_____
	Less Accounts Receivable	_____		
	Less \$10 Member Equity	_____		
	Amount Payable to Member	_____	Cheque #:	_____