



Homestead Consumers Co-op Ltd.

Proudly serving Austin, Carman, La Salle, MacGregor, Oakville,
Portage la Prairie and Treherne.
Box 70, Portage la Prairie MB, R1N 3B3
Phone: 431-304-6900 Fax: 204-692-2273
Email: admin@homestead.crs
Website: www.homesteadco-op.crs



APPLICATION FOR WITHDRAWAL OR TRANSFER OF EQUITY

Member Name: _____ Member Number: _____

Member Address: _____ Application Date: _____

_____ Applicant Phone No: _____

City Province Postal Code

Applicant Email: _____

REASON FOR WITHDRAWAL/TRANSFER

Estate – Estate applications must be submitted by estate administrator or executor. Estate applications are to be accompanied by a copy of the death certificate & will. Any repayment due will be issued payable to “The Estate of” unless otherwise advised. Our fiscal year runs February to January and allocations are processed the following fall; please keep this in mind when choosing an option below.

- I request payment in full, and by doing so, I am aware that I am not eligible for any patronage refunds which may be allocated after payment is made.
- Repay only after allocation for the current year has been declared and processed.
- Retain membership fee of \$10.00 and change membership name (complete “transfer equity to” section below).

Administrator(s)/Executor(s) Name(s): _____

Address(es): _____

City Province Postal Code

Moved (outside of trading area) – Move away applications must be accompanied by proof of members new address (drivers’ licence, health card, or hydro/utility bill). Our fiscal year runs February to January and allocations are processed the following fall; please keep this in mind when choosing an option below.

- I request payment in full, and by doing so, I am aware that I am not eligible for any patronage refunds which may be allocated after payment is made.
- Repay only after allocation for the current year has been declared and processed.

New Address: _____

City Province Postal Code

Internal Use Only

| | | | |
|-------------------------------------|-------|------------------------|-----------|
| Amount of equity | _____ | Date approved by Board | _____ |
| Deduct accounts receivable (if any) | _____ | Year | Month Day |
| Deduct equity to be retained | _____ | | |
| Amount of payment | _____ | Cheque number | _____ |



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Age – Over age 70 as per bylaw. We require a government issued ID to verify age. It can be shown to a team member when dropping off the form, or a photocopy may be attached. Our fiscal year runs February to January and allocations are processed the following fall; please keep this in mind if choosing to close your membership in full below.

Retain membership fee of \$10.00 to retain membership.

I request payment in full to close my membership. By doing so, I am aware that I am not eligible for any patronage refunds which may be allocated after payment is made.

I request payment in full after the allocation for the current year has been declared and processed, and my membership will be closed.

Age: _____ Birthdate: _____
Year Month Day

Proof of age shown to: _____ (Team member's signature)

Change of Account Name or Membership Type– Complete “transfer equity to” section below with new account name.

Corporate Account Closure – Include supporting documentation such as a Certificate of Dissolution from corporate registries or a legal letter stating that the company is no longer doing business. Our fiscal year runs February to January and allocations are processed the following fall; please keep this in mind when choosing an option below.

I request payment in full, and by doing so, I am aware that I am not eligible for any patronage refunds which may be allocated after payment is made.

Repay only after allocation for the current year has been declared and processed.

Other – Please explain: _____

TRANSFER EQUITY TO (Must be completed in full if transferring membership or completing change of name.)
Complete the name as you wish for it to appear on the membership. If for a joint membership, the birthdate and SIN # should be for the eldest member.

Name: _____ Member Number: _____

Address: _____ Birth Date: _____
Year Month Day

City _____ Province _____ Postal Code _____ SIN: _____

Phone: _____



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Homestead 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 over age 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 purposes.

Applicant's Signature(s): _____

WHEN CAN I APPLY TO HAVE MY EQUITY REPAID?

Under the by-laws of Homestead Co-op, there are three main options available for members to withdraw 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's estate. Application must be completed by the executor/administrator of the estate and is to be accompanied by a copy of the death certificate and will. If a surviving spouse OR other persons wish to retain the same Co-op number, this should be indicated by the executor on the original Application for Withdrawal and \$10.00 of equity will be retained to keep the membership active. Payment will be made upon verification of application, unless extenuating circumstances exist which require board approval.

2. WHEN THE MEMBER REACHES THE AGE OF 70:

Application for repayment can be made any time after a member reaches the age of 70. Joint member equity is payable when the eldest individual in the joint membership reaches the age of 70. \$10.00 will be retained to keep the membership active unless a complete closure of the membership is requested. Payment will be made following verification of application.

3. IF THE MEMBER LEAVES THE HOMESTEAD CO-OP TRADING AREA:

Once the member has established a residence outside of the Homestead Co-op trading area, members can apply for repayment. Applications are to be accompanied by proof of members new address (drivers' license, health card, or hydro/utility bill) The full amount of equity is paid out, resulting in the membership being closed. Payment will be made following verification of application.

4. For any other options, please contact us using the information provided below for more details.

HOW TO SUBMIT YOUR DOCUMENTATION

Email to: brenna.stratford@homestead.crs

Fax to: 204-692-2273

Mail to: Box 70, Portage la Prairie, Manitoba R1N 3B3

Please email us or call 431-304-6900 if you have any questions.