



**Moose Jaw Co-operative  
Association Limited**

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# ESTATE

## APPLICATION FOR WITHDRAWAL OF EQUITY (PLEASE PRINT)

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

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

ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY PROVINCE POSTAL CODE

- LAWYER'S REQUEST*
- COPY OF WILL ATTACHED*
- COPY OF DEATH CERTIFICATE ATTACHED*

CHEQUE MADE PAYABLE TO: THE ESTATE OF \_\_\_\_\_

ADMINISTRATORS ADDRESS: \_\_\_\_\_

\_\_\_\_\_ CITY PROVINCE POSTAL CODE

- RETAIN MEMBERSHIP FEE OF \$5.00*
- FULL PAYOUT*

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

Phone Number: \_\_\_\_\_

**OFFICE USE ONLY**

DATE APPROVED BY BOARD:

*CHARGE ACCOUNT \$*       *OUTSTANDING CHEQUES*      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*AMOUNT OF EQUITY*      \$ \_\_\_\_\_

*DEDUCTIONS (IF ANY)*      \$ \_\_\_\_\_

*AMOUNT OF PAYMENT*      \$ \_\_\_\_\_ *CHEQUE #* \_\_\_\_\_