

Saskatoon Co-operative Association Limited
Equity Transfer Form

Current Status: _____ **Date:** _____
Name: _____ Membership: _____
Address/Box Number: _____
City/Province: _____ Postal Code: _____

Please Transfer All of my equity to:

Name: _____ Membership: _____
Address/Box Number: _____
City/Province: _____ Postal Code: _____

Transferee is the member who is taking over the number.

Complete the following section with the transferee's information.

Relationship to Original Member _____
Social Insurance Number _____
Birthdate _____
Telephone Number _____

Signature of Member _____ **Date Signed** _____

Signature of Transferee **or** Joint Member _____ **Date Signed** _____

Retain membership until current year's allocation is made.

OR

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

Please note: If the joint member is deceased, please attach a copy of the death certificate.

Office Use Only:

Equity: _____
Transfer: _____
Balance: _____
Date: _____

Return to:

Saskatoon Co-operative
201 -503 Wellman Crescent
Saskatoon, SK S7T 0J1
Phone: (306) 933-3801
admin@saskatooncoop.ca