

Account Reinstatement Request

Completed application and all supporting documentation should be emailed in PDF format to: Data.Support@ufa.com or Fax: 403-570-4021 Attn: Data Support __ UFA Membership #: _____ Membership Name: Phone: Email: Personal or Business Account Reactivation: UFA ACCOUNT & MEMBERSHIP BYLAWS Option 1: Reactivation for Use: I wish to reactive my account, return the equity to my account, and continue to use the membership. TERMINATION OF INACTIVE MEMBERSHIPS Section 77 ☐ Do you require Credit Privileges? ☐ Yes ☐ No (d) The Board may establish procedures If yes, the credit department will review what is already on file and contact you if any for restoring a member's membership updated credit documents are needed. and Member's Equity which has been cancelled under this Section, if the amount ☐ Do you require Fuel Link cards? ☐ Yes ☐ No How Many? of Member's Equity cancelled is in excess Cardlock cards can only be ordered after the credit account has been reactivated, via an email to customer.support@ufa.com or by calling 1-877-258-4500 of \$500, and: (i) the Inactive Member was age 70 Applications to reactivate a membership & equity must include a copy of personal years or older when he or she became an identification such as driver's license, birth certificate or passport, in order to verify Ínactive Member, and his or her age is on the age of all account owners. Additionally, a SIN/BIN must remain on file for tax the record of the Association, (or in the purposes as it is a requirement of the CRA. SINs may also be used from time to case of a Joint Membership, all individuals time to verify the identity of the account owner. in the membership were age 70 years or Note: If the below section is left blank, the application will be declined. older); (ii) the member otherwise establishes an entitlement to have the Member's Equity returned to the member which predates the member becoming an Inactive (2nd applicant, If applicable) Member: Date of birth: ____ / ___ / ___ / ___ SIN: ___ - ___ - ____ **GENERAL BY-LAWS 38** (iii) in any other circumstances where the Board considers that it is equitable to Option 2: Reactivation for final payout and re-closure: Upon approval of provide for restoration of Member's Equity. reinstatement, I/We request payment in full of the available equity (less the \$250 administration fee), and by so doing, am aware that I/We are not eligible for any Questions? Toll-Free: patronage refunds which may be allocated after the payment is made. This membership 1-877-258-4500 will be re-closed when the equity is paid out in full. All credit privileges and fuel cards will Please read and acknowledge all three not be returned as part of the reactivation. points below before proceeding: (Initial here) I/We have read City: Province: Postal Code: the By-Laws and submit this Phone: Email: application for reinstatement of Equity, having met one of the requirements outlined. Reactivating on Behalf of a Deceased Member: (Initial here)I/We understand that a non-negotiable Administrative Reactivation of a deceased membership can only be temporary, for the explicit withdrawal Fee will be deducted from our total of available funds and re-closure. An Estate account cannot remain open for use and/or equity, in the amount of \$250.00. otherwise changed. (Initial here) I/We understand that Application must include legal Proof of Personal Representative (Also known as Executor(rix)) a membership re-instatement is (i.e. Will) and Death Certificate. solely at the discretion of UFA and • If there was no Will, we require the Grant of Administration. is not guaranteed. The process • UFA does not accept Personal Representative(s) listed on a Statement of Death, as these may take approximately 4-8 weeks are not verified. to review and process. • UFA does not accept Power of Attorney if a member is deceased. If you are submitting this on behalf of an Note: Any equity payout will be in the name of the Estate. Estate, please complete Reactivating on Behalf of a Deceased Member. Contact information for Executor(rix) of Estate: Name #1: By signing and submitting this Address: application, you acknowledge that all Province:_____ Postal Code:____ City:____ information provided is accurate, and Phone: Email: all supporting documentation has been provided. You understand that the processing time for any reactivation is approximately 4-8 weeks. Authorizied Name (please print) Signature

Signature

Please retain a copy of this application for your reference. Account Holder 2 — if applicable (please print)