

full. All credit privileges and fuel cards will be cancelled.

## Full Withdrawal of Equity with Account Closure

Completed application and all supporting documentation can be submitted to: Data.Support@ufa.com or Fax: 403-570-4021 Attn: Data Support Membership Name: \_\_\_ UFA Membership #: \_\_\_\_\_\_ Email: Phone: Outstanding Accounts Receivable: If there are any monies owing to your UFA Credit **UFA ACCOUNT &** Account at the time of Full payout, this amount will be deducted from the balance of equity MEMBERSHIP BYLAWS paid, regardless of their due date. Investment Loan: If you have an active Member Investment Loan with UFA, you are not WITHDRAWAL FROM MEMBERSHIP eligible to close the account and withdraw your full equity, until your loan is complete. Section 6 Subject to the provisions of this section, ALL applications to withdraw equity must include a copy of personal identification such the following members may, by giving as driver's license, birth certificate or passport, to verify the age of all account owners. notice in writing to the Chief Financial Additionally, a SIN/BIN must remain on file for tax purposes as it is a requirement of Officer and delivering to the Association the CRA. SINs may also be used from time to time to verify the identity of the account such additional documentation as the owner. Association requires, withdraw all, or at the discretion of the Board (or such officers or Note: If the below section is left blank, the application will be declined. employees of the Association as the Board might determine) any part, of their equity Date of birth: \_\_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ YY from the Association, namely: (i) Individual Members who have reached the age of 70 years; (2<sup>nd</sup> applicant, If applicable) (ii) Individual Members ordinarily residing within the trading area of the Association Date of birth: \_\_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ \_\_ / \_\_\_\_ YY SIN: \_\_\_\_ - \_\_\_ - \_\_\_ as determined by the Board, who cease to be ordinarily resident within that area; (iii) Individual Members who have I/We wish to Withdraw the Full Amount of Available Equity become bankrupt and any member which and Close this Membership based on (Pick one): is a corporation or co-operative association and which has become bankrupt or for ☐ 1. Members over the age of 70: which a receiver of substantially all of its • If an account is a corporate account, the senior principal individuals of the corporation assets has been appointed; are required to be 70 or older in order to withdraw, plus the other owners of the (iv) any member which is a partnership corporation must agree to such a withdrawal by signing this application. and which has been dissolved through • If an account is jointly owned by two or more individuals (often spouses, or parent / death or bankruptcy of one (1) or more of child) the senior principal individual(s) must be 70 or older in order to withdraw their its partners; and (v) any member which is determined by the Board to be a family farming equity, plus the other joint owners must agree to such a withdrawal by signing this application. or ranching corporation, the senior Examples: principal individuals, as determined by 1) If both spouses are on an account, both spouses must be 70 or older in order to the Board (or such officers or employees withdraw equity. of the Association as the Board might 2) If a parent and child are on an account, only the parent must be 70 years or older in determine), of which have reached the order to withdraw. age of 70 years. For other scenarios, UFA will use its discretion but will generally require the senior Questions? Toll-Free: generation to have all reached 70 years of age or older in order to withdraw equity. 1-877-258-4500 □ 2. Member is Deceased: Application must include legal Proof of Personal Representative (Also known as Please read and acknowledge both Executor(rix)) (i.e. Will) and Death Certificate. points below before proceeding: • If there was no Will, we require the Grant of Administration. (Initial here) I/We have read • UFA does not accept Personal Representative(s) listed on a Statement of Death, as the By-Laws and submit this these are not verified. application for withdrawal of • UFA does not accept Power of Attorney if a member is deceased. Equity, having met one of the requirements outlined. Note: Any equity payout will be in the name of the Estate. (Initial here)I/We request Contact information for Executor(rix) of Estate: payment in full, and by so Name #1:\_\_\_\_\_ Name #2:\_\_\_\_ doing, am aware that I am not eligible for any patronage refunds which may be allocated after the payment is made. This Province: Postal Code: membership will be CLOSED when the equity is paid out in Phone: Email:

See next page for Options Three & Four, more information and required signatures.



## **Full Withdrawal of Equity with Account Closure**

 $\hfill\Box$  3. Moved 100Km away from any UFA Farm Store or Petroleum Location:

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	<ul> <li>Application must include proof of move (i.e. New License, Electrical Bill etc.)</li> <li>UFA geographical area consists of Alberta and areas of British Columbia and Saskatchewan. Please see https://ufa.com/myUFA/locations for a map of our operating</li> </ul>	
	Saskatchewan. Please see https://ufa.carea.	com/myUFA/locations for a map of our operating
	New Address:	
	City: F	Province: Postal Code:
	Date of move: /	
	□ 4. Other:	
	<ul> <li>Individuals: Special Circumstances (i.e. Illness)</li> <li>Letter of explanation and supporting documentation is required.</li> <li>Request requires Senior UFA Leadership approval in order to proceed.</li> </ul>	
	<ul><li>☐ Individuals: Bankruptcy</li><li>• Cheques will be made payable to the</li></ul>	e Trustee
	<ul><li>Corporations: Bankruptcy or Disso</li><li>Cheques will be made payable to the</li></ul>	<b>elution</b> e Trustee or in the Business name only.
	<ul> <li>Partnerships: Dissolution through</li> <li>Written explanation for withdrawal, s</li> <li>Legal documentation must be included</li> </ul>	
	Any additional comments or Feedback for UFA	A:
By signing and submitting this application is accurate, and all supporting documentation the processing time for any withdrawal of e	tion has been provided. You understand th	vided at
Date of Request://		
	Authorizied Name (please print)	Signature
Ā	Account Holder 2 — if applicable (please print)	Signature