



# Partial Withdrawal of Equity

Completed application and all supporting documentation should be emailed in PDF format to: [Data.Support@ufa.com](mailto:Data.Support@ufa.com) or Fax: 403-570-4021 Attn: Data Support

Membership Name: \_\_\_\_\_ UFA Membership #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## UFA ACCOUNT & MEMBERSHIP BYLAWS

Subject to the provisions of this section, the following members may, by giving notice in writing to the Chief Financial Officer and delivering to the Association such additional documentation as the Association requires, withdraw part of their total equity, at the discretion of the Board (or such officers or employees of the Association as the Board might determine) any part, of their equity from the Association, namely:

(i) Individual Members who have reached the age of 70 years may withdraw all equity, but their \$5 membership fee, in order to keep the account active.

(ii) Any member which is determined by the Board to be a family farming or ranching corporation, the senior principal individuals, as determined by the Board (or such officers or employees of the Association as the Board might determine), of which have reached the age of 70 years.

(iii) Investment shares may be withdrawn at any time; noting, once these have been withdrawn they will not be replenished and no further interest will be paid out on this total.

**Questions? Toll-Free:  
1-877-258-4500**

**Please read and acknowledge the point below before proceeding:**

\_\_\_\_ (Initial here) I/We have read the By-Laws and submit this application for Withdrawal of Equity, having met one of the requirements outlined.

**Any Application to Withdraw Equity must include a copy of personal identification such as driver's license, birth certificate or passport, to verify the age of all account owners that are individuals.**

**Additionally, a SIN/BIN must remain on file for tax purposes as it is a requirement of the CRA. SINs may also be used from time to time to verify the identity of the account owner.**

**Note: If the below section is left blank, the application will be declined.**

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MM DD YY

(2<sup>nd</sup> applicant, If applicable)

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MM DD YY

### I/We wish to redeem (Pick one):

- 1. Total Investment Shares**
  - Investment Shares can be withdrawn by any member at any time.
  - Once investment shares have been redeemed, you will no longer be eligible to receive quarterly dividend interest payments as these totals are solely calculated on any investment share portion of your total equity.
- 2. Partial Investment Share amount of \$ \_\_\_\_\_**
- 3. Apply Investment Share Equity to UFA Credit Account Balance \$ \_\_\_\_\_**
  - Only an outstanding balance can be applied, no credits.
- 4. Members over the age of 70:**
  - If an account is a *corporate account*, the senior principal individuals of the corporation are required to be 70 or older in order to withdraw, plus the other owners of the corporation must agree to such a withdrawal by signing this application.
  - If an account is *jointly owned* by two or more individuals (often spouses, or parent / child) the senior principal individual(s) must be 70 or older in order to withdraw their equity, plus the other joint owners must agree to such a withdrawal by signing this application.

Examples:

  - 1) If both spouses are on an account, both spouses must be 70 or older in order to withdraw equity.
  - 2) If a parent and child are on an account, only the parent must be 70 years or older in order to withdraw.

For other scenarios, UFA will use its discretion but will generally require the senior generation to have all reached 70 years of age or older in order to withdraw equity.

### Choose One Action if over 70:

- Withdraw my full equity leaving the \$5 (five) Member Share to keep my account open.
- Or
- Withdraw part of my equity in the amount of \$ \_\_\_\_\_

Date of Request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

\_\_\_\_\_  
Authorized Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Account Holder 2 — if applicable (please print)

\_\_\_\_\_  
Signature

Please retain a copy of this application for your reference.