



# Account Equity Transfer or Combine Application

Completed application and all supporting documentation can be submitted to: [Data.Support@ufa.com](mailto:Data.Support@ufa.com) or Fax: 403-570-4021 Attn: Data Support

## Please select ONE of the following options:

### Option One:

### Transfer of Equity Between Two Existing Accounts, with One Account Closure.

**Only select this option if you wish to transfer the full amount of equity from one active membership to a second membership: closing the original account upon completion.**

\_\_\_\_\_ (Initial Here) I/We are aware that upon the closure of the original account. I/We are not eligible for any further patronage refunds which may be allocated after the first account is closed. The first membership will be CLOSED when the equity has been transferred to the second account. All credit privileges and fuel cards will be cancelled. Only the original account owners can sign this application to transfer their equity and close their account.

**Outstanding Accounts Receivable:** If there is any outstanding balance on your UFA Credit Account at the time of this application, this amount will be deducted from the balance of equity to be transferred, regardless of the due date.

**Investment Loan:** If you have an active Member Investment Loan with UFA, you are not eligible to close the account and withdraw your full equity, until your loan is complete.

**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 sections are left blank, the application will be declined.**

Membership Name to be Transferred and Closed:

Membership Name 'Receiving' Equity:

\_\_\_\_\_  
UFA Membership #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                          MM      DD      YY  
SIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
UFA Membership #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                          MM      DD      YY  
SIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Any contact information that has changed:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

- Do you need to order fuel cards on the second account?  
 Yes  No *If yes, How Many?* \_\_\_\_\_
- Would you like Credit Privileges reviewed and potentially transferred to the second Account?  Yes  No  
*If ownership is different, a credit application may be required.*

**See next page for Option Two, more information and required signatures.**



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## Option Two: Transfer of Equity Between Two Existing Accounts, Retaining Both Active Memberships.

Select this option if you wish to transfer only a portion of your equity from one account to another.

- If you are 70+, you can transfer all but \$5, to retain your membership status and keep the 'gifting' membership open.
- If this is an equity split due to a separation or divorce, a legal document outlining the split is required; UFA cannot complete an equity split without supporting documentation.

**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 sections are left blank, the application will be declined.**

Equity Value to be Transferred \$: \_\_\_\_\_ or %: \_\_\_\_\_

Membership Name 'Gifting' Equity:

Membership Name 'Receiving' Equity:

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

Connection to 'Gifting' Membership (Optional):

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

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

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

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

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

SIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Any contact information that has changed:

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

Address: \_\_\_\_\_

SIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

City: \_\_\_\_\_

Any contact information that has changed:

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**By signing and submitting this application, you acknowledge that all information provided is accurate, all supporting documentation has been provided. You understand that the processing time for any Equity Transfers and Account Closure is approximately 4-8 weeks.**

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

Authorized Name (please print)

Signature

Account Holder 2 — if applicable (please print)

Signature