



# Over 65 Form

Received at:	Location Name		
Date:	MM/DD/YYYY		
VIA:	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> In person

The equity account of: \_\_\_\_\_ Member # \_\_\_\_\_  
 (please print)  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Phone # \_\_\_\_\_

(A) Paid out for the following reason:  
 Over 65 (Proof has been shown to): \_\_\_\_\_ Birthdate: MM/DD/YYYY \_\_\_\_\_

Staff member print and sign \_\_\_\_\_

Payout and Maintain membership       Payout and Cancel membership

(B) Or Transfer to: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: MM/DD/YYYY \_\_\_\_\_

SIN# 

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Phone # \_\_\_\_\_

**NOTE:** Quarterly payout based on Board meetings

DATE: MM/DD/YYYY \_\_\_\_\_ Signed By: \_\_\_\_\_

*The instructions given and/or changes authorized in this form constitute a legal document and all changes must be approved by the North Central Co-op Association Ltd.'s board of directors. North Central Co-op Association Ltd. retains the Personal Information of users to fulfill the purposes for which it was collected. North Central Co-op Association Ltd. maintains and also requires its Service Providers to maintain administrative, technical and physical safeguards to protect against loss, misuse or unauthorized access, disclosure, alteration or destruction of Personal Information.*

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## FOR OFFICE USE ONLY

Vendor#		Invoice/Cheque#	
Coding	Debit	Credit	

Total Equity	\$	_____
Less \$5.00	-	_____
Less Accounts Receivable	-	_____
Total Repayment/Transfer	\$	_____

Notes:	A/R:	Member Master update:
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