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**REQUEST FOR EQUITY RETIREMENT**

Acct #: \_\_\_\_\_

Date: \_\_\_\_\_

Farm or Business Account #: \_\_\_\_\_

Name(s): \_\_\_\_\_

Partnership \_\_\_\_\_

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

Corporation \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

*I hereby request that the equity issued to the above individual be canceled and paid to me in cash.*

**Reason for Request:**

Over Age 70 \_\_\_\_\_

Date of Birth \_\_\_\_\_

Deceased \_\_\_\_\_

Date of Death \_\_\_\_\_

If deceased, does this member account have an estate?    Yes            No

Stockholder Signature  
 (or Representative) \_\_\_\_\_

**\*\*Equity requests must be received by AUGUST 31<sup>st</sup> to be retired this year\*\***

**\*\* For Office Use Only\*\***

<b>Equity Record Amount:</b>	Personal Acct:	Farm/Business Acct:	as of	_____
				Month Day Year
Countryside	_____	_____		
Durand	_____	_____		
Mondovi	_____	_____		
Augusta	_____	_____		
Goldstar	_____	_____		
Consolidated Energy Coop	_____	_____		
Garden Valley Coop	_____	_____		
<b>Total Qualified Equity for Retirement</b>	_____	_____		

Date Check Issued \_\_\_\_\_  
 Amount Paid \_\_\_\_\_  
 Check Number \_\_\_\_\_

**\*\*Remaining Non Qualified Equity Exempt from Regular Retirement Policy:                    \$ \_\_\_\_\_**

**Method for verifying stockholder's age or death: (Copy must be provided with this application)**

Death Certificate \_\_\_\_\_                    Driver's License \_\_\_\_\_                    Other \_\_\_\_\_

AUTHORIZED SIGNATURE OF COOPERATIVE \_\_\_\_\_

Date: \_\_\_\_\_                    Sent                    Was In