Rosenort Credit union limited

Member Equity Plan Withdrawal Request

Part 1 **Member Request**

Account No. _____ Date: _____

Name(s): _____ Address: _____

_____ _____

Reason:
- __ Estate
- __ Other (Bankruptcy, Dissolution, etc.)
- __ Closing Acct (Early Redemption)
- __ Capping Payment Program
- __ Age 60+

Member Signature: _____

Member Signature: _____

Part 2 **Early Redemption Option**

I/we, _____ hereby elect to apply for withdrawal of my/our Surplus Share account under the Early Redemption Option and fully realize that I/we will be assessed a 50% penalty should the Board/Management approve the payout of my/our surplus share account.

I/we accept $ _____ as full and final settlement of my/our surplus share account with Rosenort Credit Union and request the account be closed.

Member Signature: _____

Member Signature: _____

Part 3 **Board/Management Authorization/Rejection**

Management Authorization: _____ Date: _____