



PARTIAL EQUITY AND/OR INVESTMENT SHARE REDEMPTION

UFA Support Office
ATTN: Master Data Management
Suite 700, 4838 Richard Rd SW, Calgary, AB, T3E 6L1

Toll-Free: 1-877-258-4500 Fax: 403-570-4021
Email: MDM@ufa.com
UFA.com

PLEASE NOTE: Investment Shares redeemed prior to the quarter ending date will not be eligible for dividends. Please allow 30 days for reimbursement from the date UFA receives your request.

Membership Name: _____

UFA Membership #: _____ **Phone:** _____

I/We wish to redeem my **INVESTMENT SHARES:** (SELECT ONE)

- In the amount of \$ _____
- For members over the age of 70: Withdraw my full equity leaving the \$5 (five) Member Share to keep my account open.

• Application must include a copy of identification to verify the age of all account owners.

Date of birth required: ____ / ____ / ____ SIN*: _____
 MM DD YYYY

Date of birth: ____ / ____ / ____ SIN*: _____
(Member # 2 if necessary) MM DD YYYY

* Your Social Insurance number is required by the Canada Revenue Agency in order for UFA to issue tax receipts to its members. All Social Insurance Number information is kept strictly confidential and regulated under the Personal Information Protection and Electronic Documents Act (PIPEDA) of Canada.

Apply to UFA Credit Account Balance \$ _____

To assist us in understanding our member's needs, please advise as to why you are redeeming your investment shares at this time. Select one:

- Financial reasons
- I/We are dissatisfied with UFA
- I/We wish to use the funds to invest elsewhere
- Other (Please specify)

Print Name (Account Holder) _____ Signature _____

Print Name (Account Holder 2, if applicable) _____ Signature _____

If account is a Joint Account or a Company with more than one owner, we require signatures from all account stakeholders prior to Investment Share redemption. Sign in space provided below. Use back of this form if necessary.

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Date of Request: ____ / ____ / ____
 MM DD YYYY

FOR OFFICE USE ONLY	
Date Application Received: _____	Processed by: _____
Date Processed: _____	Checked by: _____

THIS FORM MUST BE SIGNED IN ORDER TO PROCESS ANY REQUESTS