



KINGSTOWN CO-OPERATIVE CREDIT UNION LIMITED

Withdrawal from Shares

I _____ hereby give notice, as required by the Byelaws

– Articles 12.6 that I wish to withdraw the sum of _____
_____ () from my share account effective this
the _____ day of _____ 20__ .

Proof of Identification _____ Passport/I.D Card # _____

Reason for Withdrawal

I understand that in the event of my death, because of this withdrawal, the death benefit may not be paid to my beneficiaries.

Note: Withdrawal fees will be deducted from your account

Signature of Member

Date

.....
FOR OFFICIAL USE ONLY

Amount requested \$ _____ Account No. _____

Add: Withdrawal fee \$ _____

Total amount withdrawn \$ _____

Reason for waiver of withdrawal fee _____

Approval of waiver _____ Date _____

Filed by _____ Date _____

Approved by _____ Date _____

Issued by _____ Date _____

Cheque/Cash received by _____ Date _____



KINGSTOWN CO-OPERATIVE CREDIT UNION LIMITED

Withdrawal from Society

I _____ hereby give notice, as required by the Byelaws

– Articles 12.6 that I wish to withdraw from the society effective this the _____ day of _____ 20_____.

Proof of Identification _____ Passport/I.D Card # _____

Reason for Withdrawal

I understand that in the event of my death, because of this withdrawal, the death benefit may not be paid to my beneficiaries.

Signature of Member

Date

.....
FOR OFFICIAL USE ONLY

Account No. _____ Date account (s) closed _____

Account balance \$ _____

Less: fee \$ _____

Amount received \$ _____

Account (s) closed NA ___ SV ___ SS ___ LN ___

Filed by _____ Date _____

Approved by _____ Date _____

Issued by _____ Date _____

Cheque/Cash received by _____ Date _____