

Patronage Equity Request Form

PRINSBURG FARMERS CO-OP
P.O. BOX 56
PRINSBURG, MN 56281-0056

Date _____

I request the patronage equities of (please print name):

since: 1) I am age _____ and birthdate is _____

or 2) patron is deceased. Date of death _____

Please send check to:

Signed,

Local equities may be requested when patron turns age 65.
Regional equities may be requested when patron turns age 72.
All patron equities may be requested when the patron is deceased.

Equity checks will be mailed out annually in June, after the following have occurred: Coop annual audit, Coop annual meeting, Board approval, and Lender approval.

(The following filled out by Coop)

Local Equity	\$ _____
CHS Equity	\$ _____
AGP Equity	\$ _____
Local Fert.Equity	\$ _____
Total	\$ _____