



MONTE VISTA COOPERATIVE

1901 E HWY 160 | P.O. BOX 111
MONTE VISTA, CO 81144
719-852-5181 | MVCOOP.COM

Equity Retirement Program

Whereas the undersigned member wishes to participate in the Member's Equity Program of the Monte Vista Cooperative for the following reason:

- Estate
- Corporate Payout
- Age 80-Applicant has reached age of eighty (80), by February 28, 20___. Initial _____
- Age 65-Applicant has reached age of sixty-five (65), by February 28, 20___. Initial _____

Now, therefore if Monte Vista Cooperative shall pay the credits to the undersigned and shall therefore be compelled to pay any portion of said amount to any party or incur any expense as a result of said payment, then the undersigned agrees to indemnify, reimburse and hold the Monte Vista Cooperative from any loss, damage, costs and free from any claim brought by any other person because of the payment of said funds to the undersigned, then this allegation shall be null and void, otherwise to remain in full force and effect.

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Phone Number: _____

Date of Birth: _____

Wish to retain membership? (Not for Corporate, Estate are limited to surviving spouse)

Yes _____ No _____

Member's Signature: _____

Additional requirements:

Estate:

- Copy of Death Certificate
- Copy of Estate, Will, etc.
- Name check to be made out to if not account holders' estate.
 - _____
- If spouse retaining membership member update must be filled out. Children are not allowed to retain membership.

Corporate Payout:

- Copy of dissolution of corporation paperwork
- Percentage payout for name(s) of account. A copy of the operating agreement or payout percentages from third-party accountant/attorney/tax preparer etc.
 - _____
 - _____
 - _____
 - _____

Age 80/65 Payout:

- Government issue identification card – Driver's license, Passport, etc.

For office use only:

Date application was received: _____

Employee name: _____

Accumulated Equity: _____

Membership amount: _____

Total amount to be paid: _____