



ESTATE REDEMPTION REQUEST FORM

Account Name: _____

Account Number: _____

Equity Value (Equity Statement Available from Main Office):

Class A Membership: _____

Class B Membership: _____

Membership Subscription: _____

Qualified Deferred Equity: _____

Non-Qualified Deferred Equity: _____

Total Equity Value: _____

I/We the undersigned, being all the heirs and/or the Executor or Personal Representative and/or the surviving spouse of the decedent listed above, who in his/her lifetime was a member of Hull Cooperative Association or one of its predecessors, hereby make application for the payment to the person(s) listed below for the stock values listed above.

I/We agree that when payment of said stock values is made to the payee named below that Hull Cooperative Association shall be released and discharged from any and all liability on the account listed above, and I/We further agree to jointly and severally indemnify and save Hull Cooperative Association harmless from any and all further claims for equity of all types on the account listed above.

Check(s) Payable To: _____

If paid out to anyone other than the deceased's estate then a completed IRS Form W-9 for payee(s) must be included with application

Address: _____

Phone: _____

Date: _____

Signature: _____

Title: _____

Please enclose a copy of the death certificate with this request for payment if over \$500.

Return completed form to: Hull Cooperative Association Main Office, 1206 Railroad St, PO Box 811, Hull, IA 51239. Funds will be paid upon board approval.

Date Approved by Board: / /