



MEMBERSHIP REDEMPTION REQUEST FORM

Account Name/Payee: _____

Account Number: _____

Equity Value (Equity Statement Available from Main Office):

Class A Membership: _____

Class B Membership: _____

Membership Subscription: _____

I/We agree that when payment of said stock values is made to the payee named above 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 this equity type on the account listed above.

Date: _____

Signature: _____

Title: _____

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: / /