

INDIVIDUAL REQUEST FOR REDEMPTION OF CAPITAL EQUITIES

PATRON'S LEGAL NAME _____
CURRENT ADDRESS _____

PHONE NUMBER _____
SSN/FED ID # _____

Patron's Age _____ Patron is Deceased
DATE OF BIRTH: ____/____/____ **DATE OF DEATH:** ____/____/____

To avoid delay in redemption send copy of driver's license or birth certificate, or.....send copy of death certificate.

ELIGIBILITY CERTIFIED BY CHS EMPLOYEE -

Birthdate or Date of Death Verified by CHS Employee _____
(Employee Name)

Document Viewed: _____
(i.e. Drivers License; Birth Certificate; Death Certificate, etc.)

NAME AND ADDRESS OF PERSON TO CONTACT (if different from above patron)

OTHER INFORMATION

VARIOUS ACCT NAMES (e.g. "Brothers" "Farms") _____
PREVIOUS ADDRESSES (City/State) _____
DID BUSINESS AT FOLLOWING (Coop or CHS owned facility) _____
SPECIAL INFORMATION _____

CERTIFICATES Attached Missing
Please note that an Affidavit of Loss may be required for missing certificates.

ADDITIONAL COMMENTS _____

SIGNATURE _____ date _____
patron or personal representative

FOR FACILITY USE ONLY - to be completed by facility personnel only.

Location (City , State) _____ Shipman, IL _____ Facility Number _____ 3228
Form completed by _____ Date _____
please print name