

Fosston Tri-Coop
120 South Johnson Ave. P.O. Box 88
Fosston, MN 56542
218-435-6919 Phone 218-435-6918 Fax
Jen.Howard@FosstonCoop.com



FOSSTON TRI-COOP EQUITY REQUEST

I hereby request the equity issued to (deceased) _____.

When equity is retired, make check out to (matches enclosed W-9):

Name _____

Address _____

City, State, Zip _____

Please mail check to (if same just mark same):

Name _____

Address _____

City, State, Zip _____

Contact Telephone _____

***(Example of two addresses: Family will want Check written to Kingo Cemetery Fund, mailed to family for distribution.)*

Please read each statement listed below and initial.

_____ I understand that the equity will not be retired until approved by the Fosston Tri-Coop Board of Directors.

_____ I have enclosed a photocopy of the death certificate, a completed W-9, and a notarized affidavit.

_____ I understand that Qualified equity is NOT taxable to recipient, but Non-Qualified equity IS taxable at the time of disbursement. If equity includes Non-Qualified I will receive a 1099 in January of the following year for that amount and will include on my taxes.

_____ I hereby verify that the information stated and submitted is correct.

Signature _____ Date _____