



# Death of a Member Application to Withdraw or Transfer Membership

We extend our sincere sympathy for the loss of your loved one. Thank you for allowing us to assist with this process. We have outlined the steps below to help make it as easy as possible.

Co-op Membership is a legal agreement between the Sacramento Natural Foods Co-op and the member. Upon a member's death, requests to withdraw or transfer a membership must be submitted by the member's legally authorized personal representative (such as the executor, administrator, or trustee, as applicable).

To process this request, please include the following documentation:

1. A copy of the deceased member's death certificate.
2. Documentation establishing the authority of the personal representative, such as the trust or will identifying the trustee or executor and granting authority to act on behalf of the estate.

## Deceased Member Information

Member Name: \_\_\_\_\_ Member # \_\_\_\_\_

## Personal Representative Information

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship (Executor, Administrator, or Trustee) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Request date \_\_\_\_\_

## Withdrawal Request

Please select one:

- ☐ Transfer the membership equity to a new membership (please complete and attach a new Membership Application).
- ☐ Sacramento Natural Foods Co-op repurchase the membership share and issue the refund payable to the estate or authorized representative at the address listed above.
- ☐ Donate the membership share to Sacramento Natural Foods Co-op.

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I certify that I am the legally authorized representative of the deceased member's estate or trust and that the information provided is true and correct. I understand that Sacramento Natural Foods Co-op may request additional documentation if necessary to verify my authority.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Name \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Please return this completed form to the Customer Service Desk, email to [membership@sac.coop](mailto:membership@sac.coop) or mail to:

Member Administrator  
Sacramento Natural Foods Co-op  
2820 R Street  
Sacramento, CA 95816

*According to the Co-op Bylaws and Articles of incorporation the Co-op has up to one year to repurchase these shares when a member withdraws.*

### **For Internal Use Only**

Join Date: \_\_\_\_\_ Member Administrator Name \_\_\_\_\_

Equity Balance: \_\_\_\_\_ Date processed \_\_\_\_\_

Documentation Verified: \_\_\_\_\_