CHANGE REQUEST FOR EMPLOYEES TO RETIRE

Name :_____

Membership Number :_____

Retired Number :_____

Retirement Effective Day :_____

Email :_____

Phone Number :_____

Postal Address :_____

_____

☐ **Retired with pension payment**

☐ **Retired without pension payment** (must complete Direct Debit Authorization)

Kindly implement the change (s) requested below in my Cooperative account:

CONTRIBUTION THROUGH PAYROLL DEDUCTION

	CHANGE	BIWEEKLY		MONTHLY
☐	Shares from:	$_____	To	$_____
☐	Savings from:	$_____	To	$_____
☐	Navi-Coop from:	$_____	To	$_____
☐	Verano-Coop from:	$_____	To	$_____
☐	Taxes-Coop from:	$_____	To	$_____

LOAN PAY-OFF

☐ Type 1 (with biweekly or monthly payment)

☐ Type 2 (with or without co-signer)

☐ Type 3 (on demand)

☐ Other: _____

CANCEL

☐ Navi-coop (*Christmas Club*)

☐ Verano-Coop (*Summer Club*)

☐ Taxes-Coop

☐ Group Life Insurance (COSVI)

☐ Group Cancer Insurance (COSVI)

_____   _____
Signature   **Date**

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