



REQUEST FOR DEFERRED PATRONAGE

Retirement

Name: _____

Address: _____

City, State, ZIP: _____

Date of Birth _____ (Must be at least 65)

I hereby request that the local deferred patronage to the above individual be cancelled and paid in cash. I understand that the local deferred patronage for retirement is only paid once per year after the fiscal end of the year.

Signature: _____

Estates

Name: _____

Address: _____

City, State, ZIP: _____

Date of Death _____ (Copy of Death Certificate Required)

I hereby request that the local deferred patronage to the above individual be cancelled and paid in cash.

Executor Signature: _____

**** FOR OFFICE USE ONLY ****

Date Approved _____

Date Disapproved _____

Amount _____

Date Check Issued _____

Check Number _____

Amount of Check _____