

FARMERS UNION OIL COMPANY

OF CIRCLE AND TERRY, MT
PO Box 460 • Circle, MT 59215

PATRONAGE EQUITY REDEMPTION REQUEST

Request for Cancellation and Cash Payment of Stock

STOCKHOLDER INFORMATION

Stockholder Number

Date of Request

Name of Stockholder

Mailing Address

City / State / ZIP

Phone

I hereby request that stock issued to the above individual be cancelled and paid to me in cash.

REASON FOR REQUEST

☐ Age (attainment of eligible age) ☐ Deceased ☐ Dissolved Corporation ☐ Other

If other, please explain

Date of Birth

If deceased, Date of Death

If deceased, please include a copy of the death certificate. If requesting for a dissolved corporation, please include proof of dissolution.

SIGNATURE

Stockholder Signature

Date

(or) Personal Representative Signature

Date

If signing as personal representative, please include proof of appointment as personal representative.

FOR OFFICE USE ONLY

Date Approved

Date Disapproved

Reason (if disapproved)

Stock Record Amount

As of (Month / Day / Year)

Date Check Issued

Check Number

Amount Paid

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AFFIDAVIT**Successor of Deceased Stockholder****STATE OF MONTANA**

COUNTY OF _____

IN THE MATTER OF THE ESTATE OF _____,
_____, BEING DULY SWORN, STATES:

1. _____ DIED ON _____, AND _____ IS
SURVIVING _____ AND HEIR OF DECEDENT.
2. THAT THE ESTATE WAS NOT PROBATED AND WILL NOT BE PROBATED.
3. THE VALUE OF THE ENTIRE ESTATE OF THE DECEDENT DOES NOT EXCEED \$20,000.00.
4. ANY CAPITAL CREDITS AND UNCLAIMED CHECKS HELD BY FARMERS UNION OIL
COMPANY CAN BE MADE PAYABLE TO _____.

Signed_____
Dated_____
Witness**INDEMNIFICATION**

The above-mentioned successor hereby holds harmless and indemnifies Farmers Union Oil Company, its employees, officers, stockholders, patrons, attorneys, accountants, and agents for and from any and all liability, damages, costs, payments, claims, demands, causes of action, or amounts which the Company or the other parties held harmless and indemnified herein incur, accrue, or sustain by reason of the payment of the stock redemption proceeds of _____ (deceased), as requested by the indemnifying party herein. Without limiting the general nature of the foregoing, this indemnification will also include attorney fees and costs incurred, accrued, or sustained by the Company and/or the other parties indemnified or held harmless herein.

Subscribed and sworn to before me this _____ day of _____, 20__________
Notary Public for the State of Montana_____
My Commission Expires