

**PROFITSHARES WITHDRAWAL/REINSTATEMENT  
FORM**

Tricia McDonald  
Member Name(s)

Affected Membership Number(s) 144-██████████

Complete  
Applicable  
Section -  
Withdrawal  
or  
Reinstatement

**ProfitShares Withdrawal**

I/We acknowledge that the above membership Number(s) will be removed from ProfitShares Participation due to:

Simplicity participation.

I/We understand that it is my/our responsibility to contact Synergy Credit Union Ltd. to request my/our membership be reinstated for ProfitShares Participation on or after May 1<sup>st</sup> of the year my/our exclusion from participation expires.

Dated this 29 day of October, A.D. 2007

██████████  
Member Signature

██████████  
Witness

\_\_\_\_\_  
Member Signature

**ProfitShares Reinstatement**

*(Not to be completed prior to eligibility)*

I/We request to have the above membership number(s) reinstated for participation in Synergy Credit Union's ProfitShares Program. My/Our exclusion period expired on \_\_\_\_\_ making me/us eligible for participation on or after May 1, 20\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Member Signature

Copy for file     Copy for Corporate Accounting     Copy for Member