



Deceased Owner Equity Change Form

Please return to: Viroqua Food Co+op, ATTN: Outreach Coordinator, 609 N Main St, Viroqua, WI 54665
Typical requests are processed within 30 days of receipt.

Date:	<input type="checkbox"/> One-Adult Owner <input type="checkbox"/> Two-Adult Owner	Owner Number:
Owner #1 Name:	Owner #2 Name:	
Address/City/State/Zip:		
Phone Owner #1	Phone Owner #2:	
Email Owner #1:	Email Owner #2:	

Each one-adult VFC ownership includes two shares (\$50) of Class A refundable stock and one share (\$25) of Class B refundable stock.

- Deceased Owner:** *I hereby certify that the individual listed at the top of the form has passed away.
I am completing this form as a legally authorized person to act on behalf of the owner(s).
I am enclosing a copy of their death certificate with this form.*

Please provide the following information about yourself:

Name:	Signature:
Relationship to Owner:	Phone:
Address/City/State/Zip:	
Please include any other info that may be helpful below:	

DECEASED OWNER EQUITY CHANGE:

- Owner Equity Withdrawal:** *I hereby request to withdraw the individual(s) listed on this form as VFC Owners.*
- Please donate Class A and B shares refund to the VFC Co-op Community Fund, 501c(3).
 - Please mail me a check for Class A and B shares refund.
- Equity Transfer:** *I hereby request to transfer the VFC Class A and B Shares owned by the individual(s) listed at the top of this form to the individual(s) listed below. Request must be approved by VFC Board.*

New Owner #1:	New Owner #2:
Address/City/State/Zip:	
Phone Owner #1:	Phone Owner #2:
Email Owner #1:	Email Owner #2:

Staff Use Only

Form Processed by:	Date Processed:	<input type="checkbox"/> Record Updated in POS
Amount Reimbursed:	Check Number:	
Notes:		