

REQUEST FOR EQUITY DISTRIBUTION BY HEIR

HOW TO COMPLETE THIS FORM

Complete this form and select "Print". In the "Destination" dropdown menu select "Save as PDF" then attach the saved PDF file to an email and send to financing@greenindustryco-op.com - OR -Print your completed form for your records and/or fax it to our office: (800) 440-2378 - OR -Print your completed form and mail it to Green Industry Co-Op, C/O Birch Financial, Inc., 1835 N. Fine Ave., Fresno, CA 93727

NAME OF DECEASED				
COMPANY				
MAILING ADDRESS FOR DISTRIBUTION				
CITY	STATE	ZIP CODE		
PHONE	EMAIL			
DATE OF DEATH				
NAME OF HEIR				
SOCIAL SECURITY #				

I certify that I am entitled to request the Green Industry Co-op Equity Distribution on behalf of the deceased, ______, per the guidelines set forth in the plan documents and I am entitled to _____% of the eligible equity.

SIGNATURE		DATE
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(By typing your name and submitting this form you are providing authorization.)

