

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 info@goldenoak.org
- 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 Golden Oak Equity, 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.)

Please attach proof of deactivated license (expired, cancelled or disassociated) and the Notice of Assignment of Distribution Rights along with this form.

Incomplete form without proof and notice will expire in 90 days and a new request will be required.

