INTEREST-FREE HOUSING CO-OPERATIVE OF CANADA LTD.



(FORMERLY KNOWN AS ISNA HOUSING CO-OPERATIVE LTD)
P.O.BOX 52589 TURTLE CREEK, MISSISSAUGA, ONTARIO, L5N 4S6
P: 905 822 – 4422, C: 647 527 – 4425, E: ihc@interestfreehousing.ca

MEMBERSHIP SHARES REDEMPTON FORM

This request serves as my calendar-days* notice to Interest-Free Housing Co-Operative of Canada

Ltd. that I wish to liquidate all or part of my investment shares. I ur effective with the completion of 180 days after the shares pure understand that if the date of redemption of shares notice falls duri quarter is relinquished.	hase excluding the date of purchase. I
REDEMPTION OF SHARES REQUEST <u>FORM-A</u>	:
Member Name:	_ Membership No.:
Member Mailing Address:	
Mambar Phana (Hama):	
Member Phone (Home): Cell:	
Member E-mail: (1) (2)	
Number of Shares Redeeming: Value of Shares Red	eeming: \$
Member Signature:	Oate:

List of Redeeming Shares Certificate(s)

(Certificate	e	(Certificat	e	(Certificat	е	Τ	`otal
Number	# of Shares	Amount	Number	# of Shares	Amount	Number	# of Shares	Amount	# of Shares	Amount

USE A BLANK SHEET IF THE CERTIFICATES ARE MORE THAN 12.

Attach signed shares certificate(s) requested for redemption.

*Redemption and Period Table†

Shares Redemption Value	Notice Period.	Remarks
\$5,000 - \$25,000	30 Calendar-days	30 days notice per \$5,000**
\$25,001 - \$50,000	60 Calendar-days	60 days notice per \$10,000***
\$50,001 - \$100,000	180 Calendar-days	180 days up to \$100,000
\$100,001 - \$200,000	270 Calendar-days	270 days up to \$200,000
\$200,001 - \$300,000‡	365 Calendar-days	365 days up to \$300,000

- † Subject to availability of funds
- ** Redemption request can be made in multiple of \$5,000 per allowed period for example, \$20,000 redemption request can be made 120 days in advance.
- *** Redemption request can be made in multiple of \$10,000 per allowed period for example, \$30,000 redemption request can be made 180 days in advance.
- ‡ Members investing more than \$300,000 must discuss with the Co-operative terms and conditions of redemption.

RedemptionFormIHC_04102016 P.T.O.



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CANCELLATION OF REDEMPTION OF SHARES REQUEST <u>FORM-B</u>:

(When a member does not want to pro	oceed with redemption request made in FORM-A)
Member Name:	Membership No.:
Number of Shares Certificate(s) Requested	to Redeem:
Value of Shares Requested to Redeem:\$	Date of Request
Number of Shares Certificate(s) to Cancel 1	Redemption Request:
Value of Shares Requested to be Cancelled	1: \$
Date of Cancellation of Redemption of Sha	ares Request:
Member Signature:	Date:
OR OFFICE LICE	
OR OFFICE USE :	
Membership Number:	Received Date:
Total Number of Shares Purchased:	Number of Shares Balance:
Verified By Office:	Office Verification Date:
Verified By Accounts:	Accounts Verification Date:
Check Amount Issued: <u>\$</u>	Check No: Check Date:
Amount in words:	
Authorized by Treasurer:	Date:
Authorized by Chair:	Date:

Questions?

Phone: 905 822 4422 Cell: 647 527 4425

Email: ihc@interestfreehousing.ca

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