




HOW TO COMPLETE THIS FORM

-  Complete this form, save it for your records by choosing File>Save As then attach the saved file to an email and send it to info@goldenoak.org
- OR -
-  Print your completed form for your records and/or fax it to our office: (559) 650-3558
- OR -
-  Print your completed form and mail it to Golden Oak, A Green Industry Co-op Corporation, 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 Golden Oak 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 |
|-----------|------|

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