




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