



Northern Lights Inc
PO Box 269, Sagle, ID 83860-0269
208-263-5141 or 1-800-326-9594

REQUEST FOR EARLY RETIREMENT OF CAPITAL CREDITS FOR THOSE OVER 80 YEARS OF AGE

PLEASE INDICATE HOW THE CHECK SHOULD BE MADE PAYABLE USING THE BLOCK BELOW

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE# _____ SSN# _____

WERE ANY ACCOUNTS COVERED BY THIS MEMBER # USED FOR BUSINESS
PURPOSES?: NO YES – IF YES, TAX ID#: _____

FUNDS BUDGETED BY THE BOARD WILL BE DISTRIBUTED IN THE ORDER
APPLICATIONS ARE RECEIVED.

I UNDERSTAND THAT BECAUSE I AM REQUESTING AN EARLY RETIREMENT OF SAID
CAPITAL CREDITS, THAT THE TOTAL UNPAID AMOUNT WILL BE DISCOUNTED TO A
PRESENT VALUE OF 66%. I agree that the discounted retirement will apply first to any past
due balances on accounts of applicants and the remainder will be made payable and mailed to
the name and address shown above.

The undersigned will hold harmless Northern Lights, Inc. from any further liability by
reason of the payment of the above mentioned credits and assumes the responsibility of any
division of said credits.

I, the undersigned, have included a copy of proof of age as requested below.

Signature: _____

Date: _____

Please complete the information above and ATTACH A COPY OF PROOF OF AGE (driver's
license, birth certificate, etc.) and mail back to:

Northern Lights, Inc.
Attn: Starla
PO Box 269
Sagle ID 83860-0269

You can also complete this document on-line, print it off and scan it back with the requested
documentation to: starla.stagland@nli.coop

FOR COOPERATIVE USE: MEMBER # _____ RCD: _____ BY: _____