 **INTENT TO DISSOLVE**

Financial Institutions – Policy, Treasury Board and Finance

*This form must be submitted to Financial Institutions - Policy,* *FIPolicy@gov.ab.ca* *or 8th floor Federal Building, 9820 - 107 Street, EDMONTON, Alberta, T5K 1E7, (780) 644-5006.*

*The Statement of Intent to Dissolve must be received by the Minister of Finance within 30 days after the passing of the special resolution.*

**Credit Union Name**:

**Corporate Access Number**:

**Email Address**:       **Telephone Number**:

**STATEMENT OF INTENT TO DISSOLVE**

The above credit union has by a special resolution dated , authorized:

*Check as appropriate*

[ ]  voluntary dissolution

[ ]  voluntary liquidation and dissolution, and appointed a liquidator

Liquidator:

The resolution authorizes the discharging of all obligations and the subsequent distribution of all property remaining after the obligations have been discharged.

Attached are financial statements setting out the assets and liabilities, nature and extent of the interests of members and customers, claims of other creditors and the provision made for their payment, and the intended division or distribution of the credit union’s remaining property after the discharge of its obligations.

**CERTIFICATION**

We certify that the particulars set forth in this statement are true and correct.

President: Date:

 Name and Signature

Secretary: Date:

 Name and Signature

**REVOCATION OF THE INTENT TO DISSOLVE**

The above credit union has by a special resolution dated , authorized revocation of the intent to dissolve. Notice of revocation has been/will be published in The Alberta Gazette dated
and in , which is a newspaper distributed in the location where the credit union has its registered office.

**CERTIFICATION**

We certify that the particulars set forth in this statement are true and correct.

President: Date:

 Name and Signature

Secretary: Date:

 Name and Signature