Treaty Annuity Settlement Member Disbursement Form

Please forward this form along with ALL NECESSARY DOCUMENTS including a copy of YOUR PHOTO ID to: ANNUITY@CLFNS.COM or FAX (780) 594-7184 OR DROP OF AT THE CLFN ADMINISTRATION BUILDING

Forms MUST BE RECEIVED BEFORE MIDNIGHT ON JULY 31, 2023.

| PART 1: REQUEST FOR DISBURSEMENT I make this request for the Cold Lake First Nations Treaty Annuity Settlement Disbursement on behalf of: (initial the applicable box) | | | | | | | | | |
|--|---|-------------------------|-------------------------|--|--|--|--|--|--|
| Myself | Myself and My Cl | | hild(ren) | | | | | | |
| PART 2: INFORMATION PLEASE F | PRINT CLEARLY IF COMPLETING B | Y HAND | | | | | | | |
| Last Name: | First Name: | Maiden Name: | | | | | | | |
| Status Number: 464 | Date of Birth: | Email: | | | | | | | |
| Mailing Address: | | | | | | | | | |
| ADDRESS | CITY | PROVINCE | POSTAL CODE | | | | | | |
| Work Phone: | Home Phone: | Cell Phone: | | | | | | | |
| MAIL OUT to the address above () DIRECT DEPOSIT PICK UP AT CLFN ON JULY 6TH | | | | | | | | | |
| MUST PRO | OVIDE A NEW DIRECT DEPO | SIT SLIP or VOID CHEQUE | | | | | | | |
| | | | FINANCE OFFICE USE ONLY | | | | | | |
| | | | | | | | | | |
| PART 3: DECLARATION | | | | | | | | | |
| l, | . am a | | | | | | | | |
| [] status Indian registered with the Cold La [I declare, on behalf of my child(ren) or p in and with this document is true and correct the personal information herein. | ke First Nations, or ersons that I have legal guardianship | | | | | | | | |
| Signature | Date | | | | | | | | |



PART 4: CHILDREN'S INFORMATION

Please provide a current Notice of Assessment (Child Tax Verification) confirming child(ren) in your care

CLFN CHILD WELFARE DESIGNATE PROVIDES A LIST OF CHILDREN IN CARE TO CLFN FINANCE. PAYMENTS FOR CHILDREN IN CARE WILL BE ISSUED TO THE APPROPRIATE DEPARTMENT ON BEHALF OF THE CHILD

CHILD(REN) PERSONAL INFORMATION

| Full Name: | | | | Full Name: | | |
|---------------------------|---------------------------|-------------|------|---------------------------|------------------|-----|
| | SEPERATE CHEQU | JE | | | SEPERATE CHEQUE | |
| Date of Birth: | FOR CHILD | Υ | N | Date of Birth: | FOR CHILD Y | N |
| | DD/MM/YYYY | | | DD/MM/YYY | Υ | |
| Status Number: 464 | | | | Status Number: 464 | | |
| | | | | | | |
| Full Name: | | | | Fulll Name: | | |
| | SEPERATE CHEQU | | | | SEPERATE CHEQUE | |
| Date of Birth: | FOR CHILD | Υ | N | Date of Birth: | FOR CHILD Y | N |
| | DD/MM/YYYY | | | DD/MM/YYY | | |
| | Status Number: 464 | | | Status Nu | mber: 464 | |
| | | | | | | |
| Full Name: | | | | Full Name: | | |
| | SEPERATE CHEQU | | N.I. | | SEPERATE CHEQUE | |
| Date of Birth: | FOR CHILD | Υ | N | Date of Birth: | FOR CHILD Y | N |
| | DD/MM/YYYY | | | DD/MM/YYY | | |
| | Status Number: 464 | | | Status Nu | mber: 464 | |
| | | | | | | |
| Full Name: | | | | Full Name: | | |
| | SEPERATE CHEQU | JE | | | SEPERATE CHEQUE | |
| Date of Birth: | FOR CHILD | Y | N | Date of Birth: | FOR CHILD Y | N |
| | DD/MM/YYYY | | | DD/MM/YYY | | |
| | Status Number: 464 | | | Status Nu | mber: 464 | |
| | | | | | | |
| Full Name: | | | | Full Name: | | |
| | SEPERATE CHEQU | JE V | N | | SEPERATE CHEQUE | NI. |
| Date of Birth: | FOR CHILD | Y | IV | Date of Birth: | FOR CHILD | N |
| | DD/MM/YYYY | | | DD/MM/YYY | | |
| | Status Number: 464 | | | Status Nu | mber: 464 | |

- DISTRIBUTION DAY WILL BE ON JULY 6TH, 2023 AT THE CLFN ADMINISTRATION BUILDING.
- NO THIRD PARTY PICK UP, PLEASE HAVE IDENTIFICATION.
- DIRECT DEPOSITS WILL BE ON JULY 5TH, 2023 ONLY. MUST HAVE YOUR FORM IN BEFORE JULY 5TH, 2023 TO RECIEVE DIRECT DEPOSIT.
- CHEQUE MAIL OUTS WILL COMMENCE ON JULY 8TH, 2023.
- ALL FORMS MUST BE SUBMITTED BEFORE MIDNIGHT ON JULY 31, 2023.

