



**Thunderchild First Nation**  
Box 600 Turtleford, SK. S0M 2Y0  
Ph: 306-845-4300 Email: cowsandplows@thunderchild.ca

## TREATY 6 AGRICULTURAL BENEFITS - ADULT BENEFICIARY

1. I, \_\_\_\_\_, request payment of my Per Capita Distribution as determined by the terms and conditions of the Thunderchild Legacy Trust Agreement.
2. I acknowledge that I have made this request and release of my own free will and that I bear sole responsibility for determining the legal, financial, and economic impact, if any, on myself and my family as a result of the actions I am taking herein.
3. I, \_\_\_\_\_, acknowledge that upon receipt of the above, my Per Capita Distribution as specified in the Thunderchild Legacy Trust Agreement, I hereby grant CIBC Trust Corporation and Thunderchild First Nation a full receipt and complete discharge and indemnity in respect of said Per Capita Distribution.

Status Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EFTs**, please attach a Direct Deposit slip or a void cheque with the account in the name of the Adult Beneficiary.

### Notes:

- CIBC Trust and Thunderchild First Nation assumes no responsibility for the unsuccessful transfer of funds if incorrect information is provided.
- The foreign exchange rate established by CIBC will be used, without exception, for any wires that are completed in any currency other than Canadian dollars.
- Funds sent by EFT (Direct Deposit) can be in Canadian currency only.

Beneficiary Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Print Name: \_\_\_\_\_

Signed at: \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 2024.



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### **ADULT BENEFICIARIES' INSTRUCTIONS**

Please complete the Adult Beneficiary form by filling in all underlined areas and **email it to cowsandplows@thunderchild.ca**. Forms can be submitted anytime. If you have any questions about this form, please contact Dolly Fox at Thunderchild First Nation by phone at (306)845-4300, or by email at Dolly.Fox@thunderchild.ca.

#### **Mandatory documents to submit with completed Adult Beneficiary form:**

1. Direct Deposit slip or a Void Cheque with the account in the name of the Adult Beneficiary.
2. A photocopy for TWO pieces of your identification from the list below, with at least one being a photo ID.

<u>ACCEPTABLE IDENTIFICATION TYPE</u>	
PHOTO	NON-PHOTO
Driver's licence Provincial ID Card Passport Status Card Possession and Acquisition Licence Military ID Card	Health Card Birth Certificate Letter of Verification

3. Commissioned Attest to Identity form, verifying the Beneficiary signature on the Adult Beneficiary form. This must be completed and stamped by a Commission of Oaths who can be:
  - Commissioner of Oaths
    - In Thunderchild, the Commissioner of Oaths are: Melissa Bergen-Thunderchild, Norma Sunchild, and Claudine Paddy
  - Notary Public
  - People currently holding the following positions in office:
    - Lawyers in good standing
    - Members of the Legislative Assembly
    - Senior officers of the Canadian Armed Forces
    - Appointed Court officials
    - All police officers
    - Certain provincial government officials who need the appointment to perform their duties

**\*\* The Witness can only complete the Attest to Identity form if their position is listed in point 3. above.**

Attest to Identity

I, \_\_\_\_\_, hereby attest to the identity of the following individual

\_\_\_\_\_

SWORN BEFORE ME at \_\_\_\_\_ )

\_\_\_\_\_, \_\_\_\_\_, )

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. )

\_\_\_\_\_

)

)

\_\_\_\_\_

A COMMISSIONER FOR OATHS

For the province of \_\_\_\_\_

MY Commission expires:

-OR- Being a solicitor