



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

TREATY 6 AGRICULTURAL BENEFITS - MINOR BENEFICIARY

1. I, _____, request payment on behalf of _____,
 (Parent/Guardian's name here) (Minor's name here)
 their 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 responsibility for determining the legal, financial, and economic impact, if any, on _____ as a result of the actions I am taking herein.
 (Minor's name here)

3. I, _____, acknowledge on behalf of _____,
 (Parent/Guardian's name here) (Minor's name here)
 that upon receipt of the above, the 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.

Minor's Status Number: _____

Parent/Guardian Mailing Address: _____

Parent/Guardian Telephone Number: _____

Parent/Guardian Email Address: _____

EFTs, please attach a Direct Deposit slip or a void cheque with the account in the name of the Parent/Guardian.

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.

Parent/Guardian Signature: _____ Print Name: _____

Witness Signature: _____ Witness Print Name: _____

Signed at: _____, this _____ day of _____ 2024.



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MINOR BENEFICIARIES’ INSTRUCTIONS

Please complete the Minor 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 Annette Jimmy at ANCFs by phone at (306)845-1426 or by email at Annette.Jimmy@ANCFs.ca, or 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 the completed Minor Beneficiary form:

1. Direct Deposit slip or a Void Cheque with the account in the name of the Parent/Guardian.
2. A photocopy for TWO pieces of your identification from the list below, one being a photo ID:

<u>ACCEPTABLE PARENT/GUARDIAN 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 your signature on the Minor Beneficiary form.
 - 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
4. One piece of identification for the minor, as applicable per the list above.
5. Letter of support provided by the minor’s school, daycare or health care provider, outlining to the best of their knowledge who the child’s caregiver is.
6. One supporting custody or residency document listing the minor, such as:
 - Custody/Access/Parenting Order
 - Child Tax Benefit Statement – Payee **and** minor must be listed
 - School Records
 - Parent/Guardian’s Tax Return
 - Landlord’s Tenant Verification
 - Verification from the minor’s doctor

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