



**THUNDERCHILD 1908 SURRENDER TRUST
SECONDARY BAND PER CAPITA PAYMENT
REQUEST AND RELEASE**

I, _____ being a Secondary Qualified Member of the Thunderchild First Nation Band within the meaning of the Thunderchild 1908 Surrender Trust Agreement, and whose date of birth is _____, 20_____ hereby:

- 1 Request payment of my per capita entitlement as determined by the terms and conditions of Schedule "E" to the Thunderchild 1908 Surrender Trust Agreement.
- 2 In consideration for the payment of my per capita entitlement I hereby agree to forever release and discharge the Thunderchild First Nation Band and any of its Council, servants, employees and agents from any action, cause of action, suit, claim or demand whatsoever, whether known or unknown and whether in law equity or otherwise which I may have by reason of requesting and/or receiving my per capita entitlement herein.
- 3 Without limiting the generality of paragraph 2 above, I hereby agree to forever release, discharge and waive the right to make any claim against the Thunderchild First Nation Band and its Council for loss of personal or family benefits or entitlement under any federal or provincial government program that provides funding to me and/or members of my family relating to social assistance, employment insurance or pension benefits as a consequence of my having requested and received my per capita entitlement herein.
- 4 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.

DATED this _____ day of _____ AD 20_____
Day Month Year

Witness

Signature of Secondary Qualified Band Member

Secondary Qualified Band Member's Treaty No.

Secondary Qualified Band Member's Membership Date

Address

City, Province and Postal Code

Phone Number



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Name of natural parent who was a band member at the time of Secondary Qualified Member's birthdate

Natural Parent Treaty No.

Natural Parent Membership Date

Address

City, Province and Postal Code

If banking information is provided, payment will be direct deposited. If not a cheque will be issued.

Name of Bank	
Name on Account	
Institution Number (3 or 4 digit number)	
Transit Number (5 digit number)	
Account Number	
Alternatively attach a direct deposit information letter from your banking institution for accurate information	

Payments will commence Monday October 16th, 2023.

Please MAIL, EMAIL, FAX or HAND DELIVER to the below address, Attention: Dolly Fox

**Thunderchild First Nation
Box 600
Turtleford, Sk.
S0M 2Y0**

Dolly.Fox@thunderchild.ca

Membership confirmed by: _____ On: _____

Payment authorized by: _____ Issued: _____

Attest to Identity

I, _____, hereby attest to the identity of the following individual
_____.

SWORN BEFORE ME at _____)

_____, Saskatchewan,)

this _____ day of _____, 20____ .)

)

)

A COMMISSIONER FOR OATHS

For the province of Saskatchewan

MY Commission expires:

-OR- Being a solicitor