

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

Ι,	being	a Secondary Qualified Men	nber of the Thunderchild First
	nd within the meaning of the Th		_
date of bir	th 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 thi	s day of		AD 20
	Day	Month	Year
Witness		Signature of Secondary Qu	alified Band Member
	-	Secondary Qualified Band	Member's Treaty No.
	-	Secondary Qualified Band	Member's Membership Date
	<u>-</u>	Address	
	-	City, Province and Postal C	ode
	-	Phone Number	



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Name of natural parent who was a band member at the time of Secondary	Natural Parent Treaty No.
Qualified Member's birthdate	
	Natural Parent Membership Date
	Address
	City, Province and Postal Code
If banking information is provided, payment w	vill 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 informa information	tion letter from your banking institution for accurate
Payments will comme	ence Monday October 16 th , 2023.
Please MAIL, EMAIL, FAX or HAND D	ELIVER to the below address, Attention: Dolly Fox
Thun	nderchild First Nation
Box 600	
Turtl	eford, Sk.
SOM	
Dolly	y.Fox@thunderchild.ca
Membership confirmed by:	On:
Payment authorized by:	Issued.