

# Lac Seul First Nation

NO. 28 (KEJICK BAY)  
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## FORM 4: TO RELEASE FUNDS HELD IN TRUST FOR A BAND MEMBER WITHOUT LEGAL CAPACITY

This form is for use by a guardian or an attorney under a power of attorney with that authority, who is making an application to release funds held in trust behalf of a band member who does not have legal capacity. This includes a band member who is mentally incapable of making their own financial decisions.

### PART 1 INFORMATION ABOUT THE PERSON WITHOUT LEGAL CAPACITY

First and Middle Name(s):

Last Name(s):

Date of Birth:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Day / Mo / Year

Band Registry Number:

2 / 0 / 5 / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age:

This person currently resides:  On Reserve  Off Reserve

### PART 2 INFORMATION ABOUT THE PERSON MAKING THIS APPLICATION

Applicant's Name:

Name of Organization (if applicable):

Street Address or PO Box No.:

City/Town:

Province:

Postal Code:

Phone:

Email:

I currently reside:  On Reserve  Off Reserve Please contact me by:  Mail  Email

### PART 3 YOUR RELATIONSHIP TO THE PERSON WITHOUT LEGAL CAPACITY

I am currently (please select one):

- The legal guardian of the person described in Part 1 of this form (please include 2 pieces of identification and a copy of the court order appointing the guardian)
- An attorney under a Power of Attorney for the person described in Part 1 of this form (please include 2 pieces of identification a copy of the continuing power of attorney or Trustee documents)

*Please ensure that you carefully review the terms of the release contained in Part 6 respecting payment accepted and received on behalf of a person without legal capacity.*

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**PART 4            PROOF OF IDENTIFICATION FOR THE APPLICANT**

I have included with this application two of the following types of identification (2 are required):

- Certificate of Indian Status
- Birth Certificate
- Health Card
- Driver's Licence
- Court Order Custody documents or Trustee Documents
- Other, please explain: \_\_\_\_\_

**PART 5            PAYMENT INFORMATION**

Payments to a person without legal capacity will be issued to the person in the form of cheque or direct deposit into a Canadian Bank or Credit Union. If payment by cheque is selected it will be mailed to the person's attorney under a valid continuing power of attorney for property.

I would like the payment to be made by (select one):

- Cheque
- Direct Deposit

*Please note that applications will be verified and processed in a timely manner. Application review and payments are administered offsite. No same day applications will be processed. If Direct Deposit is selected a copy of either a void cheque or direct deposit form must be submitted with this application.*

**PART 6 AUTHORIZATIONS AND DECLARATIONS**

I authorize Lac Seul First Nation to verify the information provided on this form about the person without legal capacity or under a disability and that my relationship to the person is correct.

I have provided the information on this form in order to obtain information about the payment Lac Seul First Nation issued to the person without legal capacity (for whom I am an attorney under a continuing power of attorney for property or legal guardian) and I hereby declare that I am legally entitled to manage this payment on behalf of the person without legal capacity. I certify that by making this payment, Lac Seul First Nation has met its obligation to the person without legal capacity. I further declare that the answers given by me are, to the best of my knowledge and belief, true and full, and I have withheld no material facts from Lac Seul First Nation.

By signing this form and thus requesting for this payment to be released from the trust account on behalf of the person without legal capacity, I do hereby accept full responsibility of the payment received from the Lac Seul First Nation and release the Lac Seul First Nation from any future legal actions for the payment received by the person without legal capacity.

<hr/> Signature of Applicant	<hr/> Date
<hr/> Signature of Witness	<hr/> Date

**NOTES SECTION: PLEASE USE THE SPACE BELOW TO PROVIDE ANY INFORMATION THAT MAY HELP US PROCESS THIS CLAIM.**

**FOR OFFICE USE ONLY – DO NOT COMPLETE SECTION BELOW**

Form Received Date:		Form Review Date:	
Band Membership Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Verified By: _____ Date: _____	
Cheque Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cheque Number: _____	
Date Issued: _____		Cheque Issued By: _____	
Cheque Mailed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Mailed By and Date: _____	
Direct Deposit Issue: <input type="checkbox"/> Yes <input type="checkbox"/> No		Direct Deposit Issue Date: _____	