



BAND MEMBER PER CAPITA DISTRIBUTION APPLICATION

For use by an individual band member applying for a Per Capita Distribution payment on their own behalf.

IN THE MATTER OF THE Southwind Legacy Trust between Lac Seul First Nation as represented by its Band Council and Royal Trust Corporation of Canada as Trustee dated July 2024. (the "Trust").

PART 1. APPLICANT

YOUR INFORMATION		
First and Middle Name(s):		
Last Name(s):		
Date of Birth: ____/____/____ Day / Month / Year	Band Registry Number: 2 / 0 / 5 / 0 / ____/____/____/____/____	Age:
Street Address or PO Box No.:		
City/Town:	Province:	Postal Code:
Phone:	Email:	
I currently reside: <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve Contact me by: <input type="checkbox"/> Mail <input type="checkbox"/> Email		
PROOF OF IDENTIFICATION		
Included with this application are the following copies of identification (2 are required):		
<input type="checkbox"/> Certificate of Indian Status <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Health Card or Driver's Licence <input type="checkbox"/> Other ID: _____		
Note: If you do not have 2 pieces of ID, provide the name and number of a guarantor who is 18 years of age or older, has known you for two years or more, and can verify your identity:		
Guarantor Name:	Guarantor Phone:	

PART 2. DECLARATION

- I confirm that, as of March 3, 2024, I was a member of Lac Seul First Nation **OR** was eligible to become a member of Lac Seul First Nation on March 3, 2024, and did become a member on or before March 2, 2026 (or otherwise within the time limit provided for in the Addendum).
- I confirm that I am 18 years of age or older.
- I am eligible for a per capita distribution of **Fifteen Thousand Dollars (\$15,000)** plus any applicable adjustment pursuant to the Trust and PCD Resolution of the Lac Seul First Nation Council made pursuant to the terms of the Trust (the "Payment").
- I do not require, nor have I received, the services of a translator to translate or interpret this document.
- I am executing this document under seal, of my own free will and volition, and believe all facts set out herein to be true.

PART 3. PAYMENT INSTRUCTIONS

1. I hereby authorize and direct Royal Trust to make the Payment to me by (select Electronic Funds Transfer OR Cheque):			
<input type="checkbox"/> Electronic Funds Transfer			
Please transfer my payment into the bank account identified as follows (please attach a VOID cheque and complete the information below):			
For funds transfers in Canada please provide:		For USA or International wires, please also provide:	
Name of Financial Institution		SWIFT Code/SORT Code	
Financial Institution # (3 digits)		ABA/Routing number	
Branch Transit # (5 digits)		IBAN# (international only)	
Bank Account #		Additional wire information	


LAC SEUL FIRST NATION BAND MEMBER PER CAPITA PAYMENT APPLICATION

<input type="checkbox"/> Cheque* Please make my payment by cheque and send it to (select one):	
<input type="checkbox"/> Lac Seul First Nation Frenchman’s Head Administration Office (the “Band Office”). I agree that i will be solely responsible for picking up the cheque from the band office in person and that I may have to produce one piece of government issued photo identification in order for the cheque to be released to me.	
<input type="checkbox"/> Mailed to me at the following address:	
Street Address or PO Box No.:	
City/Town:	Province/State:
Country:	Postal/ZIP Code:
*Note, if payment is made by cheque, there may be additional time required for processing.	

PART 4. RELEASE & INDEMNITY

- I agree that once I receive the Payment, I release Lac Seul First Nation and Royal Trust Corporation of Canada from any further obligations related to this Payment.
- I agree to protect Lac Seul First Nation and Royal Trust Corporation of Canada, including their directors, officers, employees, and agents, from any losses or expenses that may arise from this Payment.
- By accepting this Payment: (a) I acknowledge I am receiving part of the Flooding Claim Settlement Compensation agreed upon by Lac Seul First Nation and the Canadian government on March 3, 2024, due to unauthorized flooding on Lac Seul First Nation’s reserve lands, and (b) I release Lac Seul First Nation and the Trustee from any further claims or responsibilities related to this Payment and the flooding compensation.
- I acknowledge that I had the chance to get independent legal advice about this agreement and either did so or chose not to.
- I am signing this agreement under seal, making it legally binding.
- If any part of this agreement is found to be invalid or unenforceable, the rest of the agreement will still be valid.
- I agree that this agreement can be delivered electronically and is binding immediately upon electronic delivery. A scanned and electronically delivered copy of this signed agreement is as valid as the original.

PART 5. SIGNATURES

	
<hr/> Signature of Applicant	<hr/> Date
<hr/> Signature of Witness (must be 18 years of age or older)	<hr/> Date

IMPORTANT

Make sure you **complete, sign and date** the application. Have a witness who is 18 years of age or older sign and date the application. Return the completed application with copies of **2 pieces of identification** to Lac Seul First Nation by one of the following means:

- Scanned and emailed to **pcd@lacseulfn.org**
- Mailed to **Lac Seul First Nation, P.O. Box 100, Hudson, Ontario P0V 1X0**
- Dropped off in person to any **Lac Seul First Nation band office**.

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 payment is requested either a **void cheque** or **direct deposit form** must be provided with this application.