



APPLICATION FOR PER CAPITA DISTRIBUTION ON BEHALF OF BAND MEMBER WITHOUT LEGAL CAPACITY

For use by a trustee, attorney under power of attorney, executor or other person applying for a Per Capita Distribution payment on behalf of a band member who is deceased or is without legal capacity.

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

INFORMATION ABOUT THE BAND MEMBER WITHOUT LEGAL CAPACITY OR DECEASED BAND MEMBER

First and Middle Name(s):		
Last Name(s):		
Date of Birth: ____/____/____ Day / Month / Year	Band Registry Number: 2 / 0 / 5 / 0 / ____/____/____/____	Age:
This person: <input type="checkbox"/> Currently Resides On Reserve <input type="checkbox"/> Currently Resides Off Reserve <input type="checkbox"/> Is Deceased		

INFORMATION ABOUT THE PERSON MAKING THIS APPLICATION

Name of Person Making this Application:		
Name of Organization (if applicable):		
Street Address or PO Box No.:		
City/Town:	Province:	Postal Code:
Phone:	Email:	
Please contact me by: <input type="checkbox"/> Mail <input type="checkbox"/> Email		

YOUR RELATIONSHIP TO THE BAND MEMBER WITHOUT LEGAL CAPACITY OR DECEASED BAND MEMBER

I am currently (please select one and provide a copy of the relevant document with this application):

- An attorney under a Power of Attorney for property of the person described in Part 1 of this form (or equivalent document from the province in which the Qualified Member resides)
- A guardian or administrator of property of the person described in Part 1 of this form (appointed under the *Indian Act*, appointed by the Office of Public Guardian and Trustee, or appointed by a court order from the province in which the band member resides)
- Public Guardian and Trustee acting for the person described in Part 1 of this form
- A trustee or executor of the estate of the deceased person described in Part 1 of this form (appointed under the *Indian Act*, appointed by a provincial or state grant of probate by a court, or appointed pursuant to a valid will)

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.

PROOF OF IDENTIFICATION

Included with this application are copies of two of the following types of identification:

<input type="checkbox"/> Certificate of Indian Status	<input type="checkbox"/> Driver's Licence
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Health Card
<input type="checkbox"/> Health Card	<input type="checkbox"/> Other ID: _____
<input type="checkbox"/> Passport	

LAC SEUL FIRST NATION BAND MEMBER PER CAPITA PAYMENT APPLICATION

PART 2. DECLARATION

1. I confirm that, as of March 3, 2024, the person I am acting on behalf of 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).
2. I confirm that the person I am acting on behalf of is either:
 - a. Currently 18 years of age or older, or
 - b. Deceased after March 3, 2024.
3. I confirm that the person I am acting on behalf of is eligible for a per capita payment 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").
4. I do not require, nor have I received, the services of a translator to translate or interpret this document.
5. 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 by (select Electronic Funds Transfer OR Cheque):			
<input type="checkbox"/> Electronic Funds Transfer Please transfer the Payment for the person I am acting on behalf of 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	
<input type="checkbox"/> Cheque* Please make the Payment for the person I am acting on behalf out to:			
The payee:			
The cheque should be mailed to:			
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

1. I agree that once the Payment for the person I am acting on behalf of is received, Lac Seul First Nation and Royal Trust Corporation of Canada is released from any further obligations related to this Payment.
2. I agree on behalf of the person I am acting for, 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.
3. By accepting this Payment: (a) I acknowledge that the person I am acting on behalf of is 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) on behalf of the person I am acting for, I release Lac Seul First Nation and the Trustee from any further claims or responsibilities related to this Payment and the flooding compensation.
4. I acknowledge that I had the chance to get independent legal advice about this agreement and either did so or chose not to.
5. I am signing this agreement under seal, on behalf of the person I am acting for, making it legally binding.
6. If any part of this agreement is found to be invalid or unenforceable, the rest of the agreement will still be valid.
7. 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.


LAC SEUL FIRST NATION BAND MEMBER PER CAPITA PAYMENT APPLICATION

PART 5. SIGNATURES

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

I have provided the information on this form in order to facilitate the Payment the person without legal capacity/deceased person is entitled to and for whom I am legally acting on behalf of, and I hereby declare that I am legally entitled to manage the Payment on behalf of the person without legal capacity/deceased person. 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 or Royal Trust Corporation of Canada.

By signing this form and thus requesting the Payment to be released from the Trust on behalf of the person without legal capacity/ deceased person, I do hereby accept full responsibility of the Payment received from the Lac Seul First Nation.

	
_____ Signature of Applicant	_____ Date
_____ Signature of Witness (must be 18 years of age or older)	_____ 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 accompanying documentation to Lac Seul First Nation by one of the following means::

1. Scanned and emailed to **pcd@lacseulfn.org**
2. Mailed to **Lac Seul First Nation, P.O. Box 100, Hudson, Ontario P0V 1X0**
3. 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.