



REQUEST FOR THE RELEASE OF A MINOR'S TRUST FUND

PRIVACY ACT STATEMENT

The information you provide in this document is collected under the authority of the Indian Act for the purpose of supporting the administration of estates and trusts of First Nation individuals. Information on individuals is used by employees of Indigenous and Northern Affairs Canada - Estates program, who require the information in order to respond to program requirements. We do not share the personal information. Individuals have the right to the protection of and access of their personal information under the Privacy Act. http://lois.justice.gc.ca/en/P-21/index.html

To receive your Minor's Trust Fund, please complete this form two (2) months prior to your reaching Age of Majority in the Province of your residence and return the form to Indigenous and Northern Affairs Canada at the following address:

Indigenous and Northern Affairs Canada
Estates and Trusts
630; 9700 Jasper Avenue
EDMONTON AB T5J 4G2

PLEASE INCLUDE A PHOTOCOPY OF PHOTO IDENTIFICATION THAT DISPLAYS YOUR PICTURE AND SIGNATURE

NAME OF MINOR: _____

DATE OF BIRTH: _____

NAME OF BAND: _____

TREATY NUMBER: _____

SIGNATURE OF MINOR _____ PHONE NUMBER _____

EMAIL: _____

To receive a copy of your Account History Report, please provide your contact information:

MAILING ADDRESS: _____

CITY/PROVINCE: _____ POSTAL CODE _____

NAME OF FINANCIAL INSTITUTION: _____

MAILING ADDRESS OF FINANCIAL INSTITUTION: _____

CITY: _____ POSTAL CODE: _____

ACCOUNT NUMBER: _____ TRANSIT NO. _____ INSTITUTION NO. _____ ACCOUNT NO. _____

Please have your financial institution stamp in the appropriate area below to verify your account number and that the name on the account matches the name of the minor and to VALIDATE that the ACCOUNT identified is NOT A JOINT ACCOUNT

In place of a bank stamp; a personalized VOID cheque may be accepted.

Signature of Minor _____

Signature of Financial Institution Representative _____

