

Appendix “C”
Siksika Nation
Per Capita Distribution Release and Indemnification
On Behalf of All Minor Members

Applicant Personal Information

Please Print: _____
 First Middle Last

Street Address: _____

City: _____ Province/State: _____

Postal Code: _____ Country: _____

Birth Date: _____ Siksika Membership No. (as applicable): _____

Email: _____ Phone No.: _____

Applicant Proof of Identity

Please provide readable copy of one (1) piece of government issued identification in the following form.

Form	Number
<input type="checkbox"/> Drivers License	_____
<input type="checkbox"/> Certificate of Indian Status Card	_____
<input type="checkbox"/> Birth Certificate	_____
<input type="checkbox"/> Other	_____

Please Note: credit cards, bank cards, and similar cards are not acceptable forms of identification.

Direct Deposit Information

Banking information must be provided for direct deposit. Please attach either a cheque for your bank account marked “VOID” or a certificate of personal banking information issued by your financial institution.

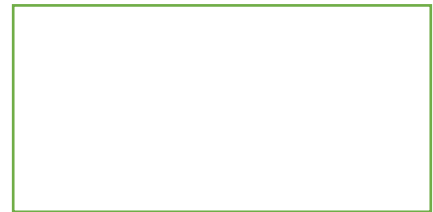
Financial Institution: _____

Transit Number: _____

Account Number: _____

Signature

Signature of Financial Representative
(only required for certificate of personal banking information)



Place Bank Stamp Above

Release and Indemnification

I, being the parent of the Minor Siksika Member or Members listed in Schedule “A” (the “**Minor(s)**”), HEREBY:

1. acknowledge that I have the power and responsibility to make day-to-day decisions affecting the Minor(s);
2. acknowledge that the Minor(s) reside with me and are under my care and control;
3. certify that the Minor(s) are registered members of the Siksika Nation and that the Siksika Membership Nos., along with all other information described in Appendix “A” is true and correct;
4. request on behalf of the Minor(s) payment of their per capita distribution in the amount of \$ _____ per Minor (the “**Distribution Payment**”);
5. request payment by direct deposit (please specify yes or no) _____, if yes:
 - a. as the recipient entitled to receive the Distribution Payment, authorize the Siksika Nation Membership Department to deposit the Distribution Payment electronically into the bank account specified above;
 - b. acknowledge that the banking information provided above will be entered in the Siksika Nation financial system;
6. acknowledge the Distribution Payment is for the express purpose of a maintenance advancement or other direct benefit of the Minor(s), and I will use the Distribution Payment solely for the Minor(s)’ benefit;
7. in consideration of the Distribution Payment, agree on behalf of myself and the Minor(s) to release, waive and forever discharge the Siksika Nation and the Siksika Nation Chief and Council and its respective corporations or entities, employees, officers, directors, shareholders, members, limited partners, agents and representatives (the “**Releasees**”) from any and all actions, manner of actions, causes of action, proceedings, suits, losses, liabilities, rights, debts, dues, duties, sums of money, accounts, obligations, costs, expenses, complaints, damages, judgements, claims, and demands, of every nature and kind whatsoever or howsoever arising, whether now known or unknown, foreseen or unforeseen, suspected or unsuspected, in law or in equity, in contract or in tort (“**Claims**”), which I or the Minor(s) now have, or hereafter can, shall, or may have against the Releasees arising out of or relating to or in connection with the Distribution Payment;
8. agree on behalf of myself and the Minor(s) to save harmless and indemnify the Releasees from and against all Claims in relation to the Distribution Payment; and

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9. acknowledge that I have made and executed this release and indemnification of my own free will on behalf of the Minor(s) and that I bear sole responsibility for determining the legal, financial and economic impact, if any, associated with having received the Distribution Payment on behalf of the Minor(s).

DATED THIS _____ DAY OF _____, 20_____

AT _____

SIGNATURE OF PARENT

SIGNATURE OF WITNESS

(Please Print Full Name and Address)

(Please Print Full Name and Address)

Schedule “A” Minor Siksika Nation Member(s)

Minor Siksika Nation Member Information

Please complete the following information for each Minor Siksika Nation Member that you are entitled to receive a Distribution on behalf of.

Name of Minor: _____
 First Middle Last

Siksika Membership No.: _____

Please check one box:

- The Siksika Nation Minor resides with both parents in one home.
- The Siksika Nation Minor resides with one parent or resides with one parent more than 50% of the time.
- The Siksika Nation Minor resides equally with both parents in different homes.

Note: if a Minor Siksika Member resides equally with both of their parents, then each parent must complete a Distribution Form on Behalf of Minors on behalf of the Minor Siksika Member and the Minor Siksika Member’s distribution funds shall be paid equally between the parents.

Please provide readable copy of one (1) piece of government issued identification in the following form as they relate to the said Minor Siksika Member(s).

Form	Number
<input type="checkbox"/> Drivers License	_____
<input type="checkbox"/> Certificate of Indian Status Card	_____
<input type="checkbox"/> Social Insurance Card	_____
<input type="checkbox"/> Birth Certificate	_____
<input type="checkbox"/> Other	_____

Please provide a copy of one (1) or more of the following documents which verify your legal status as parent of the said Minor Siksika Member

Form

- Birth Certificate
- Adoption Order
- Guardianship Order
- Other Court Order/Legal Document