
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.

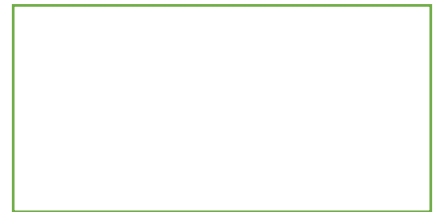
Financial Institution: _____

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)

