



BANKING INFORMATION FORM AND RELEASE

Request for Payment on behalf of Minor

With the recent approval of the Treaty 8 Annuities Settlement, we are requesting each member to submit their banking information to facilitate payment of the Per Capita Distribution (the “PCD”). We understand that you may have recently submitted banking information for previous distributions; however, we are required to again obtain written confirmation as to your banking information for this PCD payment.

I, (print name of guardian) _____ am the legal guardian of a registered Member of Whitefish Lake First Nation #459, (print name of Minor) _____ who is a minor, and I request receipt of the Treaty 8 Annuities per capita distribution payment on behalf of the Minor, to be held in trust for the Minor pursuant to the Acknowledgment of Trustee, Release, and Indemnity Agreement which is separately enclosed. I have enclosed ID and a void cheque **or** direct deposit form for the account in which the PCD should be deposited.

I have enclosed a copy of the following:

- ☐ Valid Identification for myself (e.g., Driver’s License, Passport, Status Card) **AND**
- ☐ Proof that I am the Minor’s Guardian (e.g., Birth Certificate, Court Order, or otherwise) **AND**
- ☐ Acknowledgment of Trustee, Release, and Indemnity Agreement **AND**
- ☐ Direct Deposit Information (or requested a cheque, see Request for Cheque section below) **AND**
- ☐ Executed Release

AGREED TO AND SIGNED this day of _____ (Month/Day/Year)

Printed Name of Guardian: _____

Signature of Guardian: _____

IMPORTANT REMINDERS:

- Forms must be completed and signed, otherwise no PCD can be issued.
- The release on the next page must be executed, otherwise no PCD can be issued.
- **ID must be valid, government-issued ID such as a Status Card, Driver’s License or Passport.**
- The Void Cheque or Direct Deposit Form must reflect the member’s name.
- Direct Deposit information must be a bank document. It cannot be handwritten. Direct Deposit information must include the Bank’s Name and address, Bank Number, Transit Number and Your Account Number.
- For members living outside of Canada, International Wire Transfer information from their bank is required. This includes Bank name, bank address and SWIFT CODE/ABA or IBAN #. Please include beneficiaries’ name, physical address (no PO Box) and bank account number. If you require further clarification or assistance, please contact the email above.

REQUEST FOR CHEQUE ONLY:

A member may request a cheque, but it should be noted that the safest and fastest way to receive a PCD is by direct deposit. We strongly encourage every member to request a direct deposit. The processing time for a cheque is substantially longer than a direct deposit. A large cheque could further face holds, security concerns and even fees if cashed at certain institutions.

Please issue my cheque to the following address, as confirmed by the attached proof of identification and address, per above:

Street Name and Number: _____

City/town, Province, and Postal Code: _____

Cheques cannot be issued to international addresses.



TREATY 8 ANNUITIES SETTLEMENT – MEMBER ACKNOWLEDGEMENT AND RELEASE

By ratification vote, the membership of the Whitefish Lake First Nation #459 (“WLFN”) ratified the Treaty 8 Annuities Settlement Agreement (the “Settlement Agreement”) on October 27, 2025, accepting \$59,790,295 (the “Settlement Funds”) in full and final settlement of the WLFN’s Treaty 8 Annuities Claim.

As specified in the Settlement Agreement, it settles all matters, issues and allegations respecting Treaty 8 Annuities related to or arising from Canada’s failure to increase the Treaty 8 annuities from 1899 to the end of 2025, including by failing to index for inflation from 1899 or on any other basis; or deliver any of the Treaty 8 annuities to those who were entitled to receive them, in whole or in part, from 1899 to the end of 2025, including to the First Nation, or to any of its current or deceased Members or Council members (the “**Claim**”).

As part of the Settlement Agreement, WLFN agreed to release and discharge Canada from any liability from any aspect of the 1900 to 2025 Treaty 8 Annuities Claim. The details of this are included in greater detail in the Settlement Agreement.

From the Settlement Funds, WLFN has determined that each WLFN member alive on the date of the Settlement offer from Canada (March 04/2025) will receive a Per Capita Distribution payment of \$18,000 (the “**PCD**”).

By signing below, I (print name) _____ confirm that I am the guardian of (print name of Minor) _____ (the “**Minor**”) a minor member of the WLFN and that I understand and agree that this PCD payment is being made to me by WLFN from Settlement Funds in accordance with the WLFN Treaty 8 Annuities Settlement Agreement and pursuant to the Acknowledgment of Trustee, Release, and Indemnity Agreement (which is enclosed).

I agree and acknowledge that by accepting these funds I am consenting to the terms of the Treaty 8 Annuities Settlement Agreement on behalf of the Minor. I represent and warrant that I have read the Settlement Agreement and that I understand its terms.

I understand that WLFN has provided a full release and indemnity to Canada in relation to the Claim, as specified in the Settlement Agreement. I understand that, as part of the Settlement Agreement, the WLFN is obligated to obtain a release from members that are paid a PCD. I further understand that by executing this release, I am also personally providing a full indemnity and release to both WLFN and Canada from any matters related to the Claim.

I understand and agree that the PCD amount is the full and final payment of the PCD that the Minor is entitled to receive for the Treaty 8 Annuities Claim.



I understand and agree that by accepting this PCD payment, I am promising not to take any legal actions against WLFN, Canada or any other person on behalf of the Minor in relation to the Claim or the Settlement Agreement. In the event that I do not comply with this promise or that the Minor does not comply, I agree that I will fully indemnify and hold harmless Canada and the WLFN from all costs and expenses related to all matters being released in the Settlement Agreement. I confirm that I am releasing the WLFN and Canada from any other obligations to make any additional payments to me in respect of the circumstances that are addressed in the Claim. I also agree to cooperate with the WLFN in order to complete any steps that may be required to confirm this release / contract on behalf of the Minor, which may include executing further documents.

Minor Name: _____			
Address: _____			
City/Town: _____		Province: _____	Postal Code: _____
Guardian Signature:		Minor's Treaty #:	
Witness Name:		Date:	
Witness Signature:		Date:	
WLFN assumes no responsibility for any loss or delay of the payment once issued.			