



TREATY ANNUITY PAYMENT FORM

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Privacy Act Statement: The information you provide in this document is collected under the authority of the Indian Act for administering the disbursement of treaty annuities. The information is used by Aboriginal Affairs and Northern Development Canada employees in order to respond to your request and / or for program requirements. We do not share personal information with other government departments. Individuals have the right to the protection of and access to their personal information under the Privacy Act. The information collected is described under the Treasury Board Personal Information Bank INA PPU 009 which is detailed at www.infosource.gc.ca

✓ **Please check the region where your First Nation is located and mail request to the corresponding address**

<input type="checkbox"/> ALBERTA Claims & Indian Govt. 630-9700 Jasper Avenue Edmonton AB T5J 4G2 Tel: (780) 495-2773	<input type="checkbox"/> BRITISH COLUMBIA LTS – Area North 600 - 1138 Melville Street Vancouver BC V6E 4S3 Tel: (604) 666-5126	<input type="checkbox"/> SASKATCHEWAN Registration, Revenues & Band Governance 1827 Albert Street Regina, SK S4P 2S9 Tel: (306) 780-5392	<input type="checkbox"/> MANITOBA Indian Registration & Annuities 365 Hargrave Street, Rm. 200 Winnipeg MB R3B 3A3 Tel: (204) 983- 2461 *NOTE: Cheque requests in Manitoba are only processed between January 1st and March 31st of each calendar year
<input type="checkbox"/> ONTARIO Indian Registration & Annuities 100 Anemki Place, Suite 101 Fort William FN, ON P7J 1A5 Tel: (807) 623-3534	<input type="checkbox"/> NWT Governance and Band Administration P.O. Box 1500 Yellowknife NT X1A 2R3 Tel: (867) 669-2622		

TO REQUEST TREATY ANNUITY PAYMENT(S)

I, the undersigned, request any treaty annuity funds payable to me and / or minor children in my care and custody that I have listed below and / or the estate for which I am the official administrator. I understand no mailing list is maintained for treaty annuity funds. If I cannot attend a treaty day in the future, I will be required to make another application for these treaty annuity funds.

* **I.D. Required. Please note: to request payment(s), include a photocopy of the Certificate of Indian Status (both sides) of yourself and / or minor children** in your care and custody for whom treaty annuity funds are requested.

* **Anyone 18 years of age or older must make a separate request.**

* **If you do not have a copy of a Certificate of Indian Status**, a photocopy of another piece of adult photo identification (bearing your signature) must be substituted. If one or more of children do not have a Certificate of Indian Status, other identification for the children must be substituted (i.e. Birth Certificate, Medical card).

* **If you are collecting for an Estate, include the official letter naming you as administrator and a copy of your I.D. bearing your signature.**

SECTION A:

Last Name	First & Middle Name(s)	Date of Birth	Registration Number / Band Name

SECTION B: Contact Information and / or Mail Cheque to:

Name (or Estate of):		
Mailing Address (Street # or P.O. Box)		
City/Town	Province	Postal Code
Phone Number(s)	E-Mail Address	
<u>Signature</u>		Date

TO ENQUIRE ABOUT PAST PAYMENT(S)

Please ask about I.D. Requirements. Provide information above[^] (SECTION A and B) and a brief description of your enquiry below

Enquiry: _____

This box for office use only

Document I.D. / I.D. du document _____
 Certified pursuant to Section 34 of the Financial Administration Act/Certifié en vertu de l'article 34 sur la gestion des finances publiques

Signature of Authorized Officer / Signature de Fonctionnaire autorisée

Name in block letters / Nom en lettres moulée