

## ATIKAMEKSHENG TRUST

### DECLARATION OF ELIGIBILITY OF ONE-TIME PER CAPITA DISTRIBUTION OF \$2000.00 FROM THE ATIKAMEKSHENG TRUST

I, \_\_\_\_\_  
(print name)

DO SOLEMNLY DECLARE THAT:

1. I am a member of Whitefish Lake First Nation No. 6, with a Band Number 2240 (ten digit number).
2. I am presently 18 years of age or older. My date of birth is \_\_\_\_\_
3. I am entitled to receive \$2000.00 from the Atikameksheng Trust according to the Atikameksheng Trust, Section 7.05 (q) which states, “ distributing two thousand dollars (\$2,000.00) on a one-time per capita basis to current and future Beneficiary or Beneficiaries, which the Trustees in their absolute discretion shall consider appropriate, consistent with the laws and policies of the Whitefish Lake First Nation for its Members, for purposes of providing the Members with funding to improve the living conditions of Beneficiaries.”
4. I have not already received the one-time distribution of \$2000.00 from the Atikameksheng Trust.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 2013 at \_\_\_\_\_  
(town/city and province/state)

In the presence of: \_\_\_\_\_ )

\_\_\_\_\_ )

\_\_\_\_\_ )

(witness' signature) \_\_\_\_\_ )

\_\_\_\_\_ )

\_\_\_\_\_ )

\_\_\_\_\_ )

\_\_\_\_\_ )

(address) \_\_\_\_\_ )

\_\_\_\_\_  
(Beneficiary's signature)

Please note: Witness must be 18 years of age or older.

**IMPORTANT: For processing and identification purposes, you must include a copy of two ID's with this form (ie. Status Card, Birth Certificate, Driver's License, Health Card, Social Insurance Number Card)**