



PER CAPITA DISTRIBUTION

ADULT MEMBERS

PAGE 1 OF 3

Collection of payment and direct deposit information. Every eligible adult member must complete Schedule A, which tells us how to make your payment. We strongly encourage direct deposit. It is a safe transfer of funds directly to your bank account and allows immediate access to those funds. If you choose direct deposit, also complete Schedule B on page 2 and include a void cheque or a direct deposit form from your bank.

This information must come directly from you. We are unable to accept instructions provided by anyone other than the member themselves. Please print clearly.

Payment is subject to confirmation of eligibility. All information & documentation provided will be used to confirm eligibility before any payment is made.

A SCHEDULE A · DIRECTION TO PAY

TO Red Pheasant Cree First Nation

RE Distribution of Per Capita Distribution pursuant to Article 4 of the Red Pheasant Cree Nation Sovereign Wealth Fund Trust Agreement ("the Trust Agreement")

Pursuant to article 4 of the Trust Agreement, I

1. Enclose a copy of one of the following pieces of valid identification:

- ☐ Driver's License ☐ Passport ☐ Indian status card
- ☐ Confirmation letter from the Red Pheasant Cree Nation Membership Department
- ☐ Other (specify) _____

2. Please make my one-time payment of \$15,000 by (*choose one*):

- ☐ **Direct deposit to my account**, as provided in Schedule B. Please also include a void cheque or a standard bank direct deposit form.
- ☐ **Wire payment** (for non-Canadian residents only). Attach international wire payment instructions from your bank, full legal name, SWIFT code or IBAN and full mailing address. See the attached Wire Payment Requirement form (page 3).

SIGNATURE

DATED

this _____ day of _____, 202__

NAME (PLEASE PRINT)

TREATY NUMBER

3460

PHONE NUMBER

EMAIL ADDRESS



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B SCHEDULE B · DIRECT DEPOSIT INFORMATION

FOR DIRECT DEPOSIT ONLY

Please provide the following personal information and attach a void cheque or a standard bank direct deposit form. This information will be used for the sole purpose of depositing funds electronically to the account described below. BMO complies with applicable privacy legislation, including the *Personal Information Protection and Electronic Documents Act* (Canada) and BMO's privacy code is posted at www.bmo.com.

NAME OF ACCOUNT HOLDER

RED PHEASANT CREE NATION MEMBER NUMBER (TREATY NUMBER)

3460

DATE OF BIRTH (DAY / MONTH / YEAR)

NAME OF YOUR BANK

BRANCH TRANSIT NUMBER (5 DIGITS)

INSTITUTION NUMBER (3 DIGITS)

BANK ACCOUNT NUMBER

I am the Account Holder noted above and I confirm that all information provided above is complete, accurate and up to date. I agree that BMO Trust Company and Red Pheasant Cree Nation has no obligation to verify any information, including the name or any account or identification numbers or codes, provided and BMO Trust Company and Red Pheasant Cree Nation is entitled to rely upon such information.

SIGNATURE OF ACCOUNT HOLDER

DATE

✓ BEFORE YOU SEND IT BACK

EVERYONE

Every eligible adult member

- ☐ Schedule A, signed
- ☐ A copy of one piece of valid identification

DIRECT DEPOSIT

If you chose direct deposit

- ☐ Schedule B, signed
- ☐ A void cheque or a direct deposit form from your bank

WIRE PAYMENT

Non-Canadian residents only

- ☐ International wire payment instructions from your bank
- ☐ The Wire Payment Requirement form (page 3), signed

RETURNING YOUR COMPLETED FORMS

BY EMAIL

pcd@redpheasantcn.ca

BY FAX

306-937-7487

BY MAIL

Red Pheasant Cree Nation
PCD Instructions, P.O. Box 70
Cando, Saskatchewan S0K 0V0

IN PERSON

At the band office on Red
Pheasant Cree Nation

NEED HELP?

Call the band office
306-937-7717



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C WIRE PAYMENT REQUIREMENT FORM

FOR WIRE PAYMENT ONLY

Fill in this page only if you chose wire payment. Your bank can give you these details. Please print clearly. If your bank gave you wire payment instructions, attach them as well.

THE MEMBER RECEIVING THE PAYMENT

FULL LEGAL NAME (AS IT APPEARS ON THE BANK ACCOUNT)

RED PHEASANT CREE NATION MEMBER NUMBER (TREATY NUMBER)

3460

PHONE NUMBER

FULL MAILING ADDRESS

COUNTRY

EMAIL ADDRESS

YOUR BANK

NAME OF YOUR BANK

YOUR BANK'S ADDRESS

SWIFT OR BIC CODE

ACCOUNT NUMBER OR IBAN

ROUTING NUMBER (UNITED STATES ONLY, ALSO CALLED ABA)

DESIRED CURRENCY

INTERMEDIARY BANK ONLY IF YOUR BANK USES ONE

NAME OF THE INTERMEDIARY BANK

ITS SWIFT OR BIC CODE

I confirm that the wire payment details on this page are complete and correct. I understand that a payment sent with wrong details may be delayed or returned.

SIGNATURE

DATE