**MISIPAWISTIK CREE NATION DECEMBER 2018 TRUST PAYMENT**

**ADULT BAND MEMBER'S CONSENT AND RELEASE FORM FOR THE DECEMBER 2018 MISIPAWISTIK TRUST PAYMENT**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a registered member of the Misipawistik Cree Nation hereby acknowledge payment to me by the Misipawistik Cree Nation in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_, being the Per Capita Payment distributed on December 19, 2018.

Upon signing this consent form, I hereby release and forever discharge the Misipawistik Cree Nation from any claim I have, had or may have respecting the disbursement and management of the "Per Capita Payment" referred to in the Trust Agreement.

**DATED THIS 19TH DAY OF DECEMBER 2018.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide contact number, should there be an issue with forms:**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MISIPAWISTIK CREE NATION DECEMBER 2018 TRUST PAYMENT**

**OFFICIAL RECEIPT**

For the sum of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cheque No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I acknowledge receiving the above amount on behalf of MYSELF, and my ELIGIBLE CHILDREN:**

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| **NAME** | **REGISTERED NUMBER** |
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**DATED THIS 19th DAY OF DECEMBER, 2018.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WITNESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: IF YOU ARE RECEIVING PAYMENT ON BEHALF OF ANY CHILD(REN) PLEASE FILL IN ALL INFORMATION.**

**MISIPAWISTIK CREE NATION DECEMBER 2018 TRUST PAYMENT**

**REQUEST FOR PAYMENT ARRANGEMENTS**

**Circle one of the following:**

**MAIL OUT PICK UP IN PERSON**

**Mailing Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PLEASE COMPLETE ALL THREE (3) FORMS AND FAX THEM TO**

**1-204-639-2503**