Misipawistik Cree Nation
P.O. Box 500, Grand Rapids, Manitoba R0C 1E0
Ph: (204) 639-2219 / 2485 / 2486 / 2203 Fax: (204) 639-2503

CONSENT AND RELEASE FORM FOR THE DECEMBER 2021 MISPAWISTIK TRUST PAYMENTS

Note: all cheques will be mailed out. Please provide the correct mailing address.

Name:		**Status #:**	
Mailing Address:		**Phone #:**	
Town:		**Postal Code:**	

ELIGIBLE DEPENDANT(S): List minor children/dependents, members over 18 years old must fill out their own form.

NAME	REGISTERED NUMBER

I, _____, a registered member of the Misipawistik Cree Nation hereby acknowledge payment to me by the Misipawistik Cree Nation in the amount of $100 per person for myself and my eligible dependents, being the per Capita payment distributed for December 2021.

Upon signing this consent form, I hereby release and forever discharge the Misipawistik Cree Nation form 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 _____ DAY OF _____, 2021

SIGNED: _____

WITNESS: _____

Please fax completed forms back to (204)-639-2503 or email to Kristen.Beardy@misipawistik.com or drop off at the band office.

FOR OFFICE USE ONLY:

For the sum of $ _____ Cheque No. _____

Prepared by _____