



Misipawistik Cree Nation

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

ADULT BAND MEMBER'S CONSENT AND RELEASE FORM FOR THE DECEMBER 2024 MISIPAWISTIK TRUST PAYMENTS

I, _____, a registered member of the Misipawistik Cree Nation hereby acknowledge payment to me by the Misipawistik Cree Nation in the amount of \$100, being the Per Capita Payment distributed for December 2024.

I acknowledge receiving the above amount on behalf of MYSELF, and my ELIGIBLE CHILD(REN):

NAME	REGISTERED STATUS NUMBER

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 ____ DAY OF _____ 2024

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

Signed: _____
Status No. _____

Please return completed form along with a direct deposit form or void cheque, email to finance@misipawistik.com, fax (204) 639-2503 or drop off at the band office. Payments will be made direct deposit only.

Office Use Only

Payment Amount _____ Reference No. _____ Init. _____