



# The Sahtu Trust

Box 155 Deline, NT X0E 0G0

SSI Office in Deline  
Tel: 867-589-4719/589-4132  
Fax: 867-589-4908  
Email: [ssi.cpo@sahtu.ca](mailto:ssi.cpo@sahtu.ca)  
Website: [www.sahtu.ca](http://www.sahtu.ca)

# Tulita Financial Corporation

Tulita Land Corporation Office  
in Tulita contact # 867-588-3734

## Sahtu Trust Capital Distribution Forms

### BENEFICIARY INFORMATION

Full Name: \_\_\_\_\_ Enrolment Registry # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

City/Town: \_\_\_\_\_

Prov/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Direct deposit: y / n  
(form attached)

### Children Information (the applicant above will be entrusted with the child's subsidy)

Children Full Name: \_\_\_\_\_ Enrolment Registry # \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Children Full Name: \_\_\_\_\_ Enrolment Registry # \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Children Full Name: \_\_\_\_\_ Enrolment Registry # \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Children Full Name: \_\_\_\_\_ Enrolment Registry # \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Please Check, if applicable

I, (we) authorize the Sahtu Trust to make a Capital Distribution payment to myself (the applicant) and on behalf of my children, if applicable.

All Payments to "Individual Beneficiaries" shall be considered as income under the Income Tax Act and the Trustee (SSI) shall issue appropriate tax slips for this payment, in which I will receive a T3 slip and must report it on my Federal income tax return.

I also accept that I am the legal/guardian for the above children noted can legally sign on their behalf.

I, authorize the Sahtu Trust to release a payment in the amount of **\$1,200.00** on or after **December 17<sup>th</sup>, 2024**, Capital Distribution Payment.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

Dated this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.



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### Bank deposit direction

Beneficiary name: \_\_\_\_\_

Bank name: \_\_\_\_\_

City: \_\_\_\_\_

Province/territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Branch number: \_\_\_\_\_

Institution number: \_\_\_\_\_

Account number: \_\_\_\_\_

Note:

- A void cheque or bank authorization form must be attached
- All of the above information is required in order for you to receive your Capital Distribution as a direct deposit. If the form is incomplete you will receive your Capital Distribution by cheque

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_