



## The Sahtu Trust

Box 155  
Deline, NT X0E 0G0  
Tel: 867-589-4719/588-3734  
Fax: 867-588-4025  
Website: [www.tulitalandcorp.ca](http://www.tulitalandcorp.ca)

Please submit form via  
fax to : 867-588-4025  
Or via Email to: [assistant@tulitalandcorp.ca](mailto:assistant@tulitalandcorp.ca)

# Sahtu Trust Capital Distribution Forms

Enrolment Register # \_\_\_\_\_

I, (We), \_\_\_\_\_ authorize Sahtu Trust to release a cheque in the amount of **\$500.00** on December 18<sup>th</sup>, 2020 Capital Distribution Payment.

Please find below my signature to authorize Sahtu Trust to mail my Capital Distribution Cheque to the address below.

Current Address on file:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REQUIREMENT:

**Social Insurance Number:** \_\_\_\_\_ (for 19 Years old and over or Parents/Guardian)

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature by Witness: \_\_\_\_\_

Dated this day \_\_\_\_ of \_\_\_\_\_, 2020.

### IMPORTANT NOTICE:

We encourage **ALL Beneficiaries to Update your mailing & contact information** on a regular basis to avoid any delays in receiving your capital distribution. You can call collect to our office at (867) 589-4132/4719 for more information.

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# The Sahtu Trust

Box 155  
Deline, NT X0E 0G0  
Tel: 867-589-4719 / 588-3201  
Fax: 867-588-3806

## ***Capital Distribution***

Name(s) of Children:

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I authorized for

Name: C/o \_\_\_\_\_

To receive the children's Capital  
Distribution in the amount of

**\$500.00** for each child.

Both Parties agree to authorize to receive/accept Tulita Financial Corp Capital Distribution Payout dated **December 18<sup>th</sup>, 2020** to the name of the guardianship of the children noted above.

**Or**

**As parent/legal guardian of the child(ren) noted above, I agree that the child(ren) noted above are unable to care for him/herself and is legally disabled. Therefore as parent/legal guardian of this child(ren) agree to accept the Capital Distribution on behalf of my child(ren).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date