



The Sahtu Trust

Box 155

Deline, NT X0E 0G0

Tel: 867-589-4719/588-3734

Fax: 867-588-4025

Website: www.tulitalandcorp.ca

Sahtu Trust Capital Distribution Forms

Enrolment Register # _____

I, (We), _____ authorize the Sahtu Trust to release cheques totalling \$1,000.00 Capital Distribution Payment, Payables as follows:

- (a) \$500.00 payable on or after July 31, 2019 and
- (b) \$500.00 payable on or after December 02, 2019

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 _____, 2019.

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.



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:

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 **July 31, 2019 and December 02, 2019** 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