PETER CHAPMAN BAND

CUMBERLAND 100A
P.O. BOX 880, MELFORT, SASKATCHEWAN S0E 1A0

PETER CHAPMAN BAND

AGRICULTURAL BENEFITS CLAIM PER CAPITA DISTRIBUTION
COLLECTION OF PAYMENT & DIRECT DEPOSIT INFORMATION

INSTRUCTIONS

There are two Forms included in this package:

- **Each eligible Adult Member must complete FORM A** to provide instructions as to how to make their payment. Each Member is strongly encouraged to elect to accept their payment by Direct Deposit, which provides a safe transfer of funds directly to their bank account and allows for immediate access to those funds.

- **If you have elected Direct Deposit**, you must also complete **FORM B**. We also encourage each member to speak with their Financial Institution letting them know of the expected transfer and amount.

- Please provide a copy of your ID and a void cheque or direct deposit form from your bank, as indicated on that form. Please note that this information must come directly from Members. We are unable to accept instructions provided by anyone other than the Member themselves.

Please return the completed forms and the required information in person to the band office or :

BY MAIL
PO Box 880
Melfort, SK S0E 1A0

BY EMAIL
melindahead@pcbfn.ca

BY FAX
(306) 864-4089

THESE FORMS SHOULD BE COMPLETED AND RETURNED AS SOON AS POSSIBLE TO AVOID DELAYS IN PROCESSING YOUR PAYMENT.

IF YOU CANNOT PROVIDE BANKING INFORMATION FOR DIRECT DEPOSIT, PLEASE CONTACT melindahead@pcbfn.ca TO DISCUSS HOW A BANK ACCOUNT COULD BE OPENED FOR YOU.

FORM A
DIRECTION TO PAY

TO: Peter Chapman Band

AND TO: BMO Trust Company, as trustee of the Peter Chapman Band Community Trust (the "Trustee")

RE: Distribution of Settlement Per Capita Distribution pursuant to section 6.8 of the Peter Chapman Band Community Trust Agreement dated December 3, 2024 (the "Trust Agreement")

Pursuant to section 6.8 of the Trust Agreement, I:

1. Enclose a copy of <u>one</u> of the following pieces of valid identification.

   □ Driver's License

   □ Passport

   □ Indian Status Card

   □ Confirmation Letter from Peter Chapman Band Membership Clerk

   □ Other (specify): _____

2. Hereby irrevocably direct and authorize the Trustee to pay my Settlement Per Capita Distribution (as defined under the Trust Agreement) under the option selected below:

   □ direct deposit to my account, as provided in FORM B;
   □ wire payment (<u>for non-Canadian residents only</u>: attach international wire payment instructions, full legal name and full physical and mailing address and indicate desired currency)

I hereby declare that the information given in this application is true and correct to the best of my knowledge.

I acknowledge that Peter Chapman Band, as represented by its Chief and Council, has properly administered the settlement funds received from the Peter Chapman Band Agricultural Benefits Claim and hereby release and discharge Peter Chapman Band, its Chief and Council, officers, employees and representatives from all claims which I now have, may have, or may ever have arising from the administration of such settlement funds, including without limitation any claims pertaining to the payment of per capita distributions.

DATED: this _____ day of _____, 2025

Applicant Signature: _____ Witness Signature: _____

Name (Print): _____ Name (Print): _____

Address: _____ Address: _____

FORM B
(for Direct Deposit only)

Please provide the following personal information and attach a VOID cheque or a Standard Bank Direct Deposit form. This information will be used for the sole purpose of depositing funds electronically to the account described below. BMO complies with applicable privacy legislation, including the *Personal Information Protection and Electronic Documents Act* (Canada) and BMO's privacy code is posted at www.bmo.com.

Name of Account Holder	
Peter Chapman Band Member Number	
Date of Birth	
Bank Account Number	

I am the Account Holder noted above and I confirm that all information provided above is complete, accurate and up to date. I agree that neither Peter Chapman Band nor BMO Trust Company has an obligation to verify any information, including the name or any account or identification numbers or codes, provided and Peter Chapman Band and BMO Trust Company are entitled to rely upon such information.

I understand that it may be necessary for BMO Trust Company to confirm my identity and hereby consent to Peter Chapman Band providing BMO Trust Company with my Member Number.

DATED: this _____ day of _____ , 2025

Sign: _____

Name: _____