WABIGOON LAKE OJIBWAY NATION

APPLICATION FOR PER CAPITA DISTRIBUITON OF \$23,750 OF FEDERAL FLOODING SETTLEMENT (the "PCD 2022")

- This form is for use of a Wabigoon Lake Ojibway Nation (WLON) band member applying for the PCD 2022 on his or her own behalf
- To qualify for the PCD 2022, you must have been alive and a WLON member on the day of the Federal Claim Ratification Vote (December 11, 2022), and at least 18 years of age or older
- ISC Temporary Confirmation of Registration Document is Mandatory for New Members
- WLON agrees to keep all personal information provided by the applicant strictly confidential and shall only use such information for purposes of this application

PLEASE PRINT LEGIBLY FILL OUT ALL BOXES

PLEASE CALL: 1-807-938-6684 for questions

FAX FORMS TO: 1-807-938-1166 OR E-MAIL TO PCD@wlon.ca

OR MAIL TO: Wabigoon Lake Ojibway Nation RR#1, Site 115, Box 300

Dryden, ON P8N 2Y4

| PART ONE: IDENTIFICATION | | | | |
|--|----------------------------|----------------------|--------------|--|
| First Name | Middle Name | Surname | | |
| | | | | |
| Mailing Address (No., Street, Apt., R.R., P.O. Box) | | City/Town | | |
| | | | | |
| Province/Territory/State | Country | Postal Code/ZIP | Phone Number | |
| | | | | |
| E-mail Address | | Indian Status Number | | |
| | | | | |
| Date of Birth (mm/dd/yyyy) | Place of Birth (Town/City) | Province/State | Country | |
| | | | | |
| | | | | |
| Proof of Identity (circle which two (2) are being submitted) | Original Birth Certificate | Driver's License | Status Card | |
| | Canada Passport | Health Card | | |
| | Other, please explain: | | | |
| | | | | |

Note that two (2) pieces of identification will ensure that the application is processed quickly.

Attach the proof of identity (photocopy of both sides of any identification card).

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| PART TWO: PAYMENT INSTRUCTION | | | | |
| Please provide payment of the PCD 2022 b | y: ☐ Mail ☐ Direct Deposit ☐ Pickup at Band Office | | | |
| NOTES: If payment by Direct Deposit is requested, please provide a void cheque or if you don't have a cheque, please contact your financial institution to request a blank cheque. If payment by Cheque is requested, your cheque for the 2022 PCD payment will be sent by mail to the address you provided in Part One: Identification above. PCD 2022 payment to be made in Canadian currency. | | | | |
| Signature of Applicant | Date | | | |
| PART THREE: AUTHORIZATION AN | ND DECLARATIONS | | | |
| TAKI TIKEE, AUTHORIZATION AN | ID DECLARATIONS | | | |
| I authorize WLON to verify the information | n provided on this application form. | | | |
| I have provided the information on this form in order to obtain this PCD 2022 from WLON and I hereby declare, that I am legally entitled to receive this PCD 2022 payment. I certify that by making this PCD 2022 payment to me, WLON has met its obligation to me. I further declare that the answers given by me on this form, to the best of my knowledge and belief, are true and full, and I have withheld no material facts from WLON. | | | | |
| I am acknowledging that I understand and agree that the application I have submitted for the PCD 2022 is subject to a deduction of the Advance if received. | | | | |
| I also am acknowledging that I understand and agree that the Advance (if received), will be deducted from the total amount of the PCD 2022 that I am eligible to receive under the Settlement. The total amount of PCD 2022 each eligible member of Wabigoon Lake Ojibway Nation will be eligible to receive is \$23,750. If the advance of \$4500 was taken I will receive \$19,250. | | | | |
| I further declare that in consideration of the receipt of this PCD 2022 that I do hereby remise, release, quit claim and forever discharge the Wabigoon Lake Ojibway Nation, their heirs, executors, administrators, estate trustees and assignees of and from any claims in respect of the PCD 2022. | | | | |
| Signature of Applicant | Date | | | |
| Signature of Witness | Date | | | |
| Name of Witness: | | | | |
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| | | | | |

| FOR OFFICE USE ONLY – DO NOT COMPLETE SECTION BELOW | | | | |
|--|---|--------------------------|--|--|
| Application Received Date: | | Application Review Date: | | |
| Band Membership Verified: ☐ Yes ☐ No | Verified By: | Date: | | |
| Live Estate Verified: ☐ Yes ☐ No (Incapacitated Person/Guardianship) | Documents provided: ☐ Power of Attorney | | | |
| Deceased Estate Verified: ☐ Yes ☐ No | Documents provided: ☐ Death Certificate ☐ Appoint of Administrator/Executor or a similar type Provincial Court Document. | | | |
| Verified By: | | Date: | | |
| Cheque Issued: ☐ Yes ☐ No | | Cheque Number: | | |
| Date Issued: | Cheque Issued By: | | | |
| Cheque Mailed: ☐ Yes ☐ No | Mailed by and Date: | | | |
| Cheque Deposited: ☐ Yes ☐ No | Date Deposited: | | | |
| Cheque Picked-up: ☐ Yes ☐ No | Date Picked-up: | | | |