TREATY ANNUITY PAYMENT REQUEST

PRIVACY ACT STATEMENT

The information you provide in this documents is collected under the authority of the *Indian Act* for the purpose of administrating the disbursement of treaty annuities. Information on individuals is used by Indian and Northern Affairs Canada, Indian Moneys. Estates and Treaty Annuities Directorate employees who need to know the information in order to respond to your request and/or the program requirements. We do not share the personal information with other government departments. The personal information will kept for a period of 30 years. Individuals have the right to the protection of and access to their personal information under the *Privacy Act*. The information collected is described under the Treasury Board Personal Information Bank INA PPU 009 which is detailed at: www.infosource.gc.ca.

> Please check the region	where your First Nation is located	and mail request to	the correspond	ing address
ALBERTA Claims and Indian Govt. 630-9700 Jasper Avenue Edmonton, AB, T5J 4G2 Tel: (780) 495-2773	BRITISH COLUMBIA LTS-AREA NORTH 600- 1138 Melville Str. Vancouver BC V6E 4SE Tel:(604) 666-3931	MANITOBA Lands & Trust Services #200 - 365 Hargrave Street Winnipeg MB R3B 3A3 Tel: (204) 983-2461		NWT Registration, Revenues & Band Governance B.O. Box 2760 Yellowknife NT X1A 2R1 Tel: (867) 669-2622
INAC-AINC Ontario-North Lands and Trust Services 101-100 Anemki Drive Thunder Bay, ON P7J 1A5 Tel: (807) 623-3534	INAC-AINC Ontario – South Sudbury Business Centre 40 Elm St., Suite 290, 2nd Flr. Sudbury, ON P3C 1S8 Tel: (705) 522-2179	SASKATCHEWAN-NORTH North Central District 3601 – 5th Avenue East Prince Albert SK S6V 7V6 Tel: (306) 953-8522		SASKATCHEWAN-SOUTH Registration, Revenues & Band Governance 1 First Nations Way, Rm 200 Regina SK S4S 7K5 Tel: (306) 780-3236
I, the undersigned, request that any Treaty annuity funds which are payable to me and/or the minor children in my care and custody whom I have listed, be sent to me at the address below. I further understand that no mailing list is maintained for treaty annuity funds. If I cannot attend a treaty day in the future, I will make another application for these funds.				
Family Name	Given Name	Date of Birth	Band N	ame and Registry Number
Mail Cheque to:				
Name:				
Address:				,
City		Province Postal Code		
Telephone No.		E-Mail Address		
Signature Date				

- Please include a photocopy of the Certificate of Indian Status (both sides) of yourself and the minor children in your care and/or custody for whom the treaty annuity funds are requested.
- If you do not have a photocopy of a Certificate of Indian Status, a photocopy of one piece of identification (with your signature) must be substituted. If one or more of your children do not have a Certificate of Indian Status, other identification for these children must be substituted.

PLEASE NOTE THAT REQUESTS MADE FROM JANUARY 1^{ST} TO AUGUST 31^{ST} OF EACH YEAR WILL NOT BE PROCESSED UNTIL SEPTEMBER 1^{ST} OF THAT YEAR.

