TREATY ANNUITY PAYMENT REQUEST

Privacy Act Statement

The information you provide in this document is collected under the authority of the Indian Act for the purpose of administration for the payment of treaty annuities and with your consent, will be used by Indian and Northern Affairs Canada employees who need to know the information in order to respond to your request. We do not share the personal information with other government departments. The personal information will be 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. If you have questions regarding access to personal information, or of INAC's Access to Information and Privacy Commissioner, please consult the Treasury Board of Canada Secretariat website at www.ibs-sct.gc.ca/atip-aiprp/tools/factsheetati-eng.asp

	ALBERTA Claims and Indian Govt. 630-9700 Jasper Avenue Edmonton AB T5J 4G2 Tel: (780) 495-2773	0	BRITISH COLUMBIA LTS - Area North 600 - 1138 Melville Street Vancouver BC V6E 4S3 Tel: (604) 666-3931	0	Lands #200 - Winnip	FOBA & Trust Services 365 Hargrave Stree peg MB R3B 3A3 04) 983-2461	ıt	NWT Registration, Revenues and Band Governance P.O. Box 2760 Yellowknife NT X1A 2R1 Tel: (867) 669-2622	
	ONTARIO-NORTH Lands and Trust Services 101 - 100 Anemki Drive Thunder Bay ON P7J 1A5 Tel: (807) 623-3534	0	ONTARIO-SUDBURY 40 Elm Street Suite 290 Sudbury On P3C 1S8 Tel: (705) 522-2179	0	Regist and Ba 1 First Regina	ATCHEWAN ration, Revenues and Governance Nation Way, Rm. 200 a SK S4S 7K5 06) 780-5392	0		
l,	the undersigned, request to ustody whom I have listed,	hat a be s	ny treaty annuity funds which	h are	payab	le to me and/or the n	ninor c	children in my care and	
l i	further understand that no	maili thes	ng list is maintained for trea se funds. By signing below t	tv an	nuity fu orize co	nds. If I cannot atten ensent for the collect	d a tre	eaty day in the future, I will personal information for the	
Family Name			Given Name	Given Name		Date of Birth	Band	and Name and Registry Numbe	
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Name Addre	ess							Postal Code	
Name Addre	е		Province E-Mail Address	5				Postal Code	

- 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.