

# REQUEST FOR TREATY PAYMENT

INDIAN & NORTHERN AFFAIRS CANADA

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> BRITISH COLUMBIA<br>LTS - Area North<br>340 - 1550 Alberni Street<br>VANCOUVER, BC<br>V6G 3C5 | <input type="checkbox"/> SASKATCHEWAN<br>North Central District<br>3601 - 5 <sup>th</sup> Ave East<br>PRINCE ALBERT, SK<br>S6V 7V6 | <input type="checkbox"/> ONTARIO<br>Sudbury Business Centre<br>Time Square<br>1760 Regent Street<br>SUDBURY, ON P3E 3Z8       |
| <input type="checkbox"/> ALBERTA<br>630 Canada Place<br>9700 Jasper Ave<br>EDMONTON, AB<br>T5J 4G2                     | <input type="checkbox"/> SASKATCHEWAN<br>Registration, Revenues &<br>Band Governance<br>2221 Cornwall Street<br>REGINA, SK S4P 4M2 | <input type="checkbox"/> ONTARIO<br>Thunder Bay Regional Office<br>#300-100 Anemki Drive<br>R.R.#4<br>THUNDER BAY, ON P7J 1A5 |
| <input type="checkbox"/> NORTHWEST TERRITORIES<br>P.O. Box 2760<br>YELLOWKNIFE, NT<br>X1A 1R6                          | <input type="checkbox"/> MANITOBA<br>Room 1100, 275 Portage Ave<br>WINNIPEG, MB<br>R3B 3A3   |   |

I, the undersigned, request that any treaty annuity funds payable from my band for myself and/or dependants\*, to be directed to me at the address below: (\*NOTE: Dependant is a spouse, or minor child(ren) for whom you have custody.)

SURNAME	GIVEN NAME	BIRTHDATE	BAND & STATUS #

Mail Cheque to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* PHOTOCOPY OF ONE (1) PIECE OF IDENTIFICATION, SHOWING SIGNATURE, MUST ACCOMPANY APPLICATION.