



The Sahtu Trust

Box 155 Deline, NT X0E 0G0
SSI Office in Deline
Tel: 867-589-4719/589-4132
Fax: 867-589-4908
Email: ssi.cpo@sahtu.ca
Website: www.sahtu.ca

Deline Got'ine Government

Phone: 867-589-8100

SAHTU TRUST CAPITAL DISTRIBUTION FORMS

BENEFICIARY INFORMATION

Full Name: _____ Enrolment Registry Number: _____
Mailing Address: _____ Social Insurance Number: _____
City/Town: _____ Prov/Territory: _____
Postal Code: _____ Phone number: _____
Email: _____

CHILDREN (the applicant above will be entrusted with the child's subsidy)

1. Children Full Name: _____
Enrolment Registry Number: _____ Social Insurance Number: _____
2. Children Full Name: _____
Enrolment Registry Number: _____ Social Insurance Number: _____
3. Children Full Name: _____
Enrolment Registry Number: _____ Social Insurance Number: _____
4. Children Full Name: _____
Enrolment Registry Number: _____ Social Insurance Number: _____

DIRECT DEPOSIT: YES / NO (form attached)

Please check, if applicable

- I, (we) authorize the Sahtu Trust to make a Capital Distribution payment to myself (the applicant) and on behalf of my children, if applicable.
- All Payments to "Individual Beneficiaries" shall be considered as income under the Income Tax Act and the Trustee (SSI) shall issue appropriate tax slips for this payment, in which I will receive a T3 slip and must report it on my Federal income tax return.
- I also accept that I am the legal/guardian for the above children noted can legally sign on their behalf.
- I, authorize the Sahtu Trust to release a payment in the amount of **\$1,500.00** on or after **December 17th, 2024**, Capital Distribution Payment.

Signature of applicant: _____ Date: _____

Signature of witness: _____ Date: _____

Dated this day _____ of _____, 20_____