



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

Xahweguweh Financial Corporation

Yamoga Land Corporation Office in
Fort Good Hope contact # 867-598-2519

Sahtu Trust Capital Distribution Forms

BENEFICIARY INFORMATION

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

Direct deposit: y / n
(form attached)

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

Children Full Name: _____ Enrolment Registry # _____
Social Insurance Number: _____
Children Full Name: _____ Enrolment Registry # _____
Social Insurance Number: _____
Children Full Name: _____ Enrolment Registry # _____
Social Insurance Number: _____
Children Full Name: _____ Enrolment Registry # _____
Social Insurance Number: _____

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 **\$800.00** on or after **December 17th, 2024**, Capital Distribution Payment.

Signature of applicant: _____ Date: _____

Signature of witness: _____ Date: _____

Dated this day _____ of _____, 20_____.