



# The Sahtu Trust

Box 155 Deline, NT X0E 0G0

SSI Office in Deline  
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Fax: 867-589-4908  
Email: [ssi.cpo@sahtu.ca](mailto:ssi.cpo@sahtu.ca)  
Website: [www.sahtu.ca](http://www.sahtu.ca)

## Fort Good Hope Metis Nation Local #54 Financial Corporation

FGH Metis Land Corporation Office in  
Fort Good Hope contact # 867-598-2105

## 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 **\$1,000.00** on or after **December 17<sup>th</sup>, 2024**, Capital Distribution Payment.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

Dated this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.