

PASQUA FIRST NATION

RELEASE AND DISCHARGE FORM

You must be a Pasqua Adult Member and at least 18 years old to complete this form.

"Pasqua Adult Member" means a Member that was both alive on the Ratification Date and was a Member, on the Ratification Date, and who has reached the age of eighteen 18 years;

Adult Member Information:

Full name as it appears on your Certificate of Indian Status (status card):	
Address: (street number, street name, city, province/state, postal/zip code:	
Primary phone #:	Alternate phone #:
E-mail address:	Certificate of Indian Status #(10 digits):

How would you like to receive your payment?

<input type="checkbox"/>	Direct deposit (attach direct deposit form)	Please provide your name as it appears on your bank account.
<input type="checkbox"/>	Cheque	

In consideration of the above payment, I hereby:

1. Confirm that I am an eligible Pasqua Member entitled to this PCD payment.
2. Acknowledge that the payment received is the full amount owing to me under the terms of the current PCD distribution.
3. Release and discharge the **Chief and Council of Pasqua First Nation**, the **Pasqua First Nation Citizens Benefits Trust**, and the **Trustee (Peace Hills Trust Company)** from any further claim, demand, or liability related to this specific PCD payment.
4. Understand that this release does not affect any future entitlements I may have under the Trust Agreement or subsequent Council Resolutions.

Signature **MUST** be your authentic original signature and NOT a computer-generated signature. If you need to print to sign, please ensure you SCAN or take a photo of your completed form. **Please drop off completed form and 2 scanned IDs at the band office.**

Signature: _____ Date: _____

Witness: _____ Date: _____

Completed form with ID's and Direct Deposit Form can be sent to
memberinfo@pasqua1n.ca