



The Sahtu Trust

Box 155
Deline, NT X0E 0G0
Tel: 867-589-4719
Fax: 867-589-4908
Website: www.sahtu.ca

Sahtu Trust Capital Distribution Forms

Enrolment Register # _____

I (We), _____ authorize Sahtu Trust to release a cheque in the amount of \$ **200.00** on December 19, 2012 Capital Distribution Payment.

Please find below my signature to authorize Sahtu Trust to mail my Capital Distribution Cheque to the address below.

Current Address on file:

REQUIREMENT:

Social Insurance Number: _____ **(for 18 years old and over or Parents/Guardian)**

Telephone: _____

Signature: _____

Signature by Witness: _____

Dated this day ____ of _____, 2012.

IMPORTANT NOTICE:

We encourage **ALL Deline Beneficiaries to Update contact information** on a regular basis to avoid any delays in receiving your capital distribution. You can call collect to our office at (867) 589-8120 for more information.

Office Use ONLY:

Cheque #: _____

Date Issued: _____

F/O Initial: _____