



The Sahtu Trust

Box 155
Deline, NT X0E 0G0
Tel: 867-589-4719/587-2455
Fax: 867-587-2545
Website: www.sahtu.ca

Norman Wells Financial Corporation

Sahtu Trust Capital Distribution Forms

BENEFICIARY INFORMATION

Full Name: _____ Enrolment Registry # _____
Mailing Address: _____
Social Insurance Number: _____
(19 and Over)
City/Town: _____ Postal Code: _____
State/Prov: _____
Tel: _____ E: Mail: _____

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

Children Full Name: _____ Enrolment Registry # _____
Children Full Name: _____ Enrolment Registry # _____
Children Full Name: _____ Enrolment Registry # _____
Children Full Name: _____ Enrolment Registry # _____

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 year end of December 31, 2022, in which I will receive a T3 slip and must report it on my 2022 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 Sahtu Trust to release a cheque in the amount of **\$600.00** on or after December 19th, 2022, Capital Distribution Payment.

Signature of applicant: _____ Date: _____

Signature of witness: _____ Date: _____

Dated this day _____ of _____, 20_____.