



TREATY ANNUITY PAYMENT REQUEST

Privacy Act Statement

The information you provide in this document is collected under the authority of the *Indian Act* for the purpose of administration for the payment of treaty annuities and with your consent, will be used by Indigenous and Northern Affairs Canada employees who need to know the information in order to respond to your request. We do not share the personal information with other government departments. The personal information will be kept for a period of 30 years. Individuals have the right to the protection of and access to their personal information under the *Privacy Act*. The information collected is described under the Treasury Board Personal Information Bank INA PPU 009 which is detailed at www.infosource.gc.ca. If you have questions regarding access to personal information, or of INAC's Access to Information and Privacy Commissioner, please consult the Treasury Board of Canada Secretariat website at <http://www.tbs-sct.gc.ca/atip-ai/prp/tools/request-demande-eng.asp>

► Please check the region where your First Nation is located and mail request to the corresponding address

ALBERTA Claims and Indian Govt. <input type="radio"/> 630-9700 Jasper Avenue Edmonton AB T5J 4G2 Telephone: (780) 495-2773	BRITISH COLUMBIA LTS - Area North <input type="radio"/> 600 - 1138 Melville Street Vancouver BC V6E 4S3 Telephone: (604) 666-5126	MANITOBA Lands & Trust Services <input type="radio"/> #200 - 365 Hargrave Street Winnipeg MB R3B 3A3 Telephone: (204) 984-4136
NORTHWEST TERRITORIES Governance and Band Administration <input type="radio"/> P.O. Box 1500 Yellowknife, NT X1A 2R3 Telephone: (867) 669-2622	ONTARIO INAC - Anemki Business Centre <input type="radio"/> 100 Anemki Place, Suite 101, Fort William First Nation, ON P7J 1A5 Telephone: (807) 623-3534	SASKATCHEWAN 1827 Albert Street <input type="radio"/> Regina, SK S4P 2S9 Telephone: (306) 780-5392

► I, the undersigned, request that any treaty annuity funds which are payable to me and/or the minor children in my care and custody whom I have listed, be sent to me at the address below.
I further understand that no mailing list is maintained for treaty annuity funds. If I cannot attend a treaty day in the future, I will make another application for these funds. By signing below I authorize consent for the collection of personal information for the administration for the payment of treaty annuities.

Family Name	Given Name	Date of Birth (YYYYMMDD)	Band Name and Registry Number

Mail cheque To:

Name _____

Address _____

City	Province/Territory	Postal Code
Telephone Number	Email Address	
Signature		Date (YYYYMMDD)

X

- Please include a photocopy of the Certificate of Indian Status (both sides) of yourself and the minor children in your care and/or custody for whom the treaty annuity funds are requested.
- If you do not have a photocopy of a Certificate of Indian Status, a photocopy of one piece of identification (with your signature) must be substituted. If one or more of your children do not have a Certificate of Indian Status, other identification for these children must be substituted.

