

OWN SOURCE REVENUE DISTRIBUTION REQUEST



NISICHAWAYASIIHK
CREE NATION

I, _____, (full legal name of the Declarant) of the
City/Town/Village of _____, in the Province/State of

DECLARE THAT:

1. I was a registered citizen of the Nisichawayasihk Cree Nation (NCN) on April 23, 2025 and request that the distribution being made by NCN be paid in accordance with my directions in this form (attach a copy of government issued identification – treaty card, drivers license, passport)
2. My date of birth is _____ and I am 18 years of age or older.
3. My NCN citizenship number/status number is _____.
4. My residential address is (P.O. Box is not permitted)

5. I am also requesting that distribution payments for the following children for whom I am the parent or guardian be made in accordance with the directions outlined in this form:

Last Name	First Name and Middle Initial	Treaty #	Date of Birth	Specify Parent/Guardian

6. I am executing this Distribution Request believing all facts set out in this form to be true.

7. I authorize and direct NCN to make the Distribution Payment to me by:

- electronic funds transfer to the following bank account (attach direct deposit form):

Name Financial Institution: _____

Financial Institution # (3 digits): _____

Branch Transit # (5 digits): _____

Bank Account #: _____

- cheque mailed to me at the following address:

Street Address/P.O. Box Number _____

City: _____

Province/State: _____

Postal Code/Zip Code: _____

Country: _____

8. I agree that this form may be delivered to NCN electronically and that I am immediately and unconditionally bound by such electronic delivery which shall be deemed to be an original.

DATED this _____ day of _____, 2025

Declarant Signature

Print First, Middle and Last Name

