 **Clench Fraud Minor Members Trust**

Congratulations! You are now eligible for the Clench Fraud Trust distribution payment if you have:

1. graduated from high school and you are eighteen years of age; or,
2. not graduated from high school, but are 21 years of age; or
3. Graduated from high school after turning 18 but before your 21st birthday, on the day of your graduation from high school.

The one thousand five hundred dollars plus accumulated interest shall be paid to you if you are currently a member of Chippewas of the Thames First Nation and were a member of Chippewas of the Thames First Nation on or before the date of November 24, 2004:

In order to receive your “Minor” distribution payment you need to complete three forms:

1. the attached *Minors Distribution Payment Request*; and,
2. *Verification of Registration Date for COTTFN Member Form*, and,
3. The *TD Payment Direction form* if you would like your cheque directly deposited into your bank account.

You **must** also include the following:

* + 1. A copy of the Front and Back of your status card ( cannot be expired);
    2. An **original** copy of your High school diploma or certified copy of your transcripts (if under the age of 21)

Please mail or drop off your completed form(s) in a sealed envelope to:

Clench Fraud Trust

641 Jubilee rd

Muncey, Ontario

NOL IYO

Once all the required information is received, the Clench Fraud Trust General Manager will verify all information and prepare a payment authorization to be signed by the Clench Fraud Trustees. The signed authorization is then faxed to TD Waterhouse Group, who prepares for the cheque to be released from TD Headquarters in Toronto, Ontario where cheques are mailed or direct deposits are made.

\*\* Please note that cheques are not issued from the Clench Fraud Trust office. Please allow up to 4 weeks for receipt of your payment. \*\*

If you have any questions, please feel free to contact Ramona Sault at the Clench Fraud Trust office by email at: [rsault@clenchfraudtrust.ca](mailto:rsault@clenchfraudtrust.ca) or phone 519-264-2626.

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**Minors Distribution Payment Request Form**

Legal / Registered Name of Recipient:

Band Number of Recipient:

Mailing Address of Recipient:

Phone Number of Recipient: Email Address:

**□ Yes, Please keep my contact information on file for future contact**

**DECLARATION**

In accordance with the terms of section 6.11 of the Clench Fraud Trust Agreement, this notification will

confirm that I, born on

have now qualified to receive my per capita payment and have provided the following information:

□ **Original** Secondary School Diploma or Certified Transcripts *(Original Documents will be returned)*

□ A copy of the Front and Back of my Status Card.

I FURTHER HEREBY DECLARE that:

□ I am the above noted Payee and I confirm that my legal or registered name and my Band number is as indicated above.

*By signing this document, I acknowledge that as the above noted Payee, I am to receive the Per capita*

*payment as per section 6.10 of the Clench Fraud Trust Agreement (“the Trust”), and I Hereby grant to*

*the Trustees of the Clench Fraud Trust a full, final and complete discharge in that respect and release the*

*said Trustees from all further accounting and responsibility in this matter.*

DATED this day of , 20\_\_\_

Print Name of Payee Signature of Payee

Print Name of Witness Signature of Witness



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| --- |
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Please Print for Type

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| --- |
| **Section 1. Applicant Information** |

|  |
| --- |
| Name D.O.B(month/day/Year) |
| Mailing Address (Number, Street, PO Box, RR or Apt No.) |
| City, Town or Village |
| Province/State and Country Postal/Zip Code |

|  |  |
| --- | --- |
| Applicants Signature | Date *(month/day/year)* |

|  |
| --- |
| **Section 2. Verification of Membership and Registration Date** *(To be completed by Band Membership Clerk or Department of Indian Affairs official)* |

|  |  |
| --- | --- |
| Applicants Band Number | Applicants Membership Registry Date |
| This member was registered on or before November 26, 2004 Yes \_\_\_ No \_\_\_\_\_(if no, application is ineligible) | |

|  |
| --- |
| **CERTIFICATION: I attest that I have examined the document(s) that verify when the above-named Chippewa of the Thames Band Member was registered with the Department of Indian Affairs of Canada. To be eligible for payment, member must have been registered on or before November 26, 2004.** |

|  |  |  |
| --- | --- | --- |
| Signature of Authorized Representative | Print Name  Beulah Kechego | Title  Indian Registry Administrator |
| Organization Name  Chippewas of the Thames First Nation | City and Province  Muncey, Ontario | Date *(month/day/year)* |