

Fort McKay First Nation Trustee Acknowledgment and Representations

I, the undersigned member of Fort McKay First Nation (referred to as "Fort McKay") in the Province of Alberta represent and acknowledge that:

1. I am the legally appointed Trustee for (the "Entitled Member") who is an adult Member entitled to receive the Business Profits Distribution Payment to members of Fort McKay
2. I have provided proof to Fort McKay which verifies the age, identity, and legal status of myself and the Entitled Member and I acknowledge receipt of a Business Profits Distribution Payment in the amount of Five Hundred dollars and zero cents (\$500.00) Dollars.
3. On behalf of the Entitled Member, I accept full responsibility for the consequences of accepting the Business Profits Distribution Payment including effects on income tax, benefits provided under any federal or provincial statute, or any other matter affecting the Entitled Member's financial or other circumstances.
4. On behalf of the Entitled Member, I acknowledge that Fort McKay may be required, by law, to pay all or part of the Business Profits Distribution Payment to third party creditors under maintenance enforcement attachment orders or other civil enforcement. I acknowledge that if the Entitled Member disputes the legal obligation to pay all or any part of the per capita distribution grant to a creditor then I, on behalf of the Entitled Member, have the sole responsibility to pursue any available legal options on their behalf.
5. On behalf of the Entitled Member, I acknowledge and accept full responsibility and liability for any assignment, payment to third parties, or other use I have directed respecting the Business Profits Distribution Payment.
6. I further undertake to fully indemnify Fort McKay and Fort McKay's Chief and Council, administration, employees, and agents, for all claims, costs, including legal costs on a solicitor and client basis, and damages of any kind whatsoever in relation to the payment of this Business Profits Distribution Payment.

DATED this ____ day of March, 2017.

Signature of Witness

Signature of Member

Name of Witness (Please Print)

Name of Member (Please Print)

Please Provide Your Current Contact Information

In order to better serve our members, Fort McKay First Nation needs to maintain up to date contact information, especially for those who live off-reserve.

This information will be used for the purposes of creating and updating our membership contact database.

Home Address or Mailing Address:

Name (First, Last) _____

Street or Mailing Address _____

City, Town, or Village _____ Postal Code _____

Email address _____

Telephone numbers:

home _____ cell _____

I want to be contacted when there is an upcoming **Quarterly General Meeting**:

Yes No

If yes, I wanted to be contacted by:

mail

email

For off-reserve band members:

I want the **Red River Current newsletter** mailed to the address I have provided above:
Yes No