



INSTRUCTIONS

There are five (5) forms included in this package:

Step 1: Complete **Membership Information Update Form**

Step 2: Complete **FORM A: DIRECTIONS TO PAY**

For Canadian Members, select Direct Deposit

For American Members, select International Wire Transfer

For other International Members, select International Wire Transfer

Step 3: Complete **EITHER**

FORM B DIRECT DEPOSIT – Canadian Members only

or

FORM C and FORM C.1 INTERNATIONAL WIRE TRANSFER – American

or other International Members only

Step 4: **Return completed forms to the PCD Clerk**

BY MAIL: Allanis Asapace P.O. Box 640 Raymore, SK S0A 3J0

BY EMAIL: PCD@kawacatoose-fn.ca

For assistance contact the PCD Clerk: Allanis Asapace 639-909-7322 (work cell)

- All eligible Adult Members must complete FORM A and either FORM B or C.
- All PCD payments are in Canadian Dollars CAD.
- FORM B must include either a void cheque or a direct deposit form from your bank, no hand written bank information.
- Members residing in USA may receive the PCD in Canadian dollars with a CAD fund bank account. Otherwise, all transfers outside of Canada are subject to exchange rates.
- Canadian members are encouraged to speak to their bank and let them know you are expecting the transfer and the amount.
- Member ID must match the bank account information. No transfers to other accounts.
- If you need assistance opening a bank account contact the PCD Clerk for information about upcoming workshops.

**THESE FORMS SHOULD BE COMPLETED AND RETURNED AS SOON AS POSSIBLE
TO AVOID DELAYS IN PROCESSING YOUR PAYMENT**



Membership Information Update Form

Full Name: _____

Date of Birth: _____

Status Number: _____

Contact Number: _____

Email: _____

Contact Preferences: _____

Address: _____



Kawacatoose First Nation Per Capita Distribution

ID Requirements

2 pieces of government issued ID – Copy of the front and back (for example: SK Drivers License, Status Card, SK Health Card)

-OR-

Piece of mail issued to the member including their address and an account number (for example: a utility bill addressed to the member)

AND

A verification letter from Kawacatoose verifying the members name and address

If Members have only **one piece of ID**, the second piece of ID can be piece of **mail**.

Should you require a letter to verify identity, please contact the Kawacatoose PCD Clerk, Allanis Asapace 639-909-7322 (work cell)



International Members

Wire Transfer Information Required:

The members' **full physical address**

(For example: House number with street, city/town and postal code. **Note - PO Boxes will not be accepted**)

Copy of Government issued ID – front and back

(For example: Passport and Drivers License)

International wire transfer information directly from their financial institution.

Members with a legal name change:

Verifying document of the members name as it appears on the membership list

(For example: Birth Certificate or Status Card)

AND

Supporting document showing proof of name change

(For example: Marriage Certificate or Court Order)



DIRECTION TO PAY FORM A

TO: Kawacatoose First Nation, PCD Clerk

RE: Per Capita Distribution pursuant to Article 9.1 of the Kawacatoose First Nation Claims Settlement Trust Agreement (“the Trust Agreement”)

Pursuant to the terms of the Trust Agreement:

1. Attached is a copy of TWO of the following pieces of valid government issued identification. One piece of ID must include a photo.

- Driver’s License (front and back)
- Passport
- Indian Status Card (front and back)
- Other: _____

-OR-

Attached is a copy of BOTH:

- Verification Letter from Kawacatoose Membership Department
- a piece of mail issued to the member which includes the member’s name and address, ie. utility bill, phone bill, etc.

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2. I, _____, hereby irrevocably direct and authorize the Chief and Council of Kawacatoose to pay my entitlement under the option selected below:

I WISH TO RECEIVE MY PAYMENT ACCORDINGLY:
(SELECT ONE)

- direct deposit to my account, complete FORM B;
- wire payment information, complete FORM C and FORM C1 (for non-Canadian residents only)

If banking information for direct deposit cannot be provided, please contact the PCD Clerk for information about Bank of Montreal, Mobile Branch. Assistance is available for members needing to open a bank account.

Please ensure all information is accurate. BMO Corporate Trustee cannot reverse direct deposits.

DATED: this _____ day of _____, 2026

SIGNATURE: _____

NAME: _____

STATUS NUMBER: _____



Direct Deposit Form B

Please provide the following personal information and attach a VOID cheque or a Standard Bank Direct Deposit form. This information will be used for the sole purpose of depositing funds electronically to the account described below. BMO complies with applicable privacy legislation, including the Personal Information Protection and Electronic Documents Act (Canada) and BMO's privacy code is posted at www.bmo.com.

Name of Account Holder	
Kawacatoose First Nations Status Number	
Date of Birth	
Bank Account Number	

Attach Void Cheque or Attach Direct Deposit Form
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I affirm that I am the Account Holder noted above and that all information provided above is complete, accurate and up to date. I understand and agree that BMO Trust Company has no obligation to verify any information, including the name or any account or identification numbers or codes, provided and BMO Trust Company is entitled to rely upon such information.

I understand that it may be necessary for BMO Trust Company to confirm my identity and I hereby consent to the Kawacatoose Membership Department providing BMO Trust Company with my Status Number. I further understand that Kawacatoose First Nation, the Trust and BMO cannot reverse electronic fund transfers and confirm that all information is accurate.

DATED: this _____ day of _____, 2026

SIGNATURE: _____

NAME: _____



International Wire Transfer Form C

Please provide the following personal information, identification and wire transfer information. This information will be used for the sole purpose of depositing funds electronically to the account described below. BMO complies with applicable privacy legislation, including the Personal Information Protection and Electronic Documents Act (Canada) and BMO's privacy code is posted at www.bmo.com.

Name of Account Holder	
Kawacatoose First Nations Status Number	
Date of Birth	
Full Physical Address	
Wire Transfer Information in Form C.1 Note: all international wire transfers are processed individually and will take time to issue.	All funds are transferred in Canadian dollars . BMO and KFN are not responsible for the CAD/USD exchange rate calculations. To avoid exchange rates, open a Canadian bank account or speak to your bank about a Canadian funds account .

Attach Government Issued Identification

I have a **Canadian bank account that can receive CAD funds**, and I would like my funds provided in Canadian currency:

CAD: [] YES [] NO

<continued on next page>

I affirm that I am the Account Holder noted above, and I confirm that all information provided is complete, accurate and up to date. I agree that BMO Trust Company has no obligation to verify any information, including the name or any account or identification numbers or codes provided and BMO Trust Company is entitled to rely upon such information.

I understand that it may be necessary for BMO Trust Company to confirm my identity and I hereby consent to the Kawacatoose Membership Department providing BMO Trust Company with my Status Number.

DATED: this _____ day of _____, 2026

SIGNATURE: _____

NAME: _____

INTERNATIONAL WIRE TRANSFER

Form C.1

This information can be provided by your bank. If the bank provides their own Wire Transfer information page, please attach it to this document. Kawacatoose First Nation and the Trust are not responsible for the CAD/USD exchange rate at the time of processing.

All transfers are subject to exchange rate

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS OF FINANCIAL INSTITUTION: _____

NAME OF ACCOUNT HOLDER: _____

INSTITUTION NUMBER: _____

TRANSIT NUMBER: _____

ACCOUNT NUMBER: _____

SWIFT CODE: _____

NOTE ADDITIONAL INFORMATION:

For further credit to Kawacatoose First Nation Claims Settlement Trust 865-40118

ATTACH VOID CHEQUE BELOW:

Attach Void Cheque
