Paul First Nation - Treaty 6 Agricultural Benefits Settlement
Indemnity and Waiver

TO BE COMPLETED BY THE MEMBER: MEMBER CONSENT, RELEASE AND INDEMNITY FOR THE PAUL FIRST NATION TREATY 6 AGRICULTURAL BENEFIT SETTLEMENT PER CAPITA DISTRIBUTION

By signing below, I confirm that I am the below-named Member of Paul First Nation ("Paul"), and that I am at least the age of 18 years of age as of August 20, 2025.

1. I understand and agree that by accepting this Treaty 6 Agricultural Benefit Settlement Per Capita Distribution, I:

    a) swear the information provided in the Treaty 6 Agricultural Benefit Settlement Application: The Direction to Pay (Form "A"), the Direct Deposit (Form "B"), Government Issued Identification, and Direct Deposit Form issued by a Bank, including any of the supporting documentation (the "Application Required Information"), to be complete, truthful and accurate; and

    b) for absolute clarity, by signing the below form, I am acknowledging receipt of my Treaty 6 Agricultural Benefit Settlement Per Capita Distribution Entitlement, and releasing Paul from liability for paying as directed below. I agree to indemnify Paul for any claim brought by myself, in relation to the funds I am applying for on my behalf.

Member Full Name:		
Address:		
City/Town:	Province:	Postal Code:
Member Name:	Treaty #:	
Member Signature:	Date:	
Witness Signature:	Date:	
I request payment by [ ] direct deposit OR [ ] wire payment (for non-Canadian residents only)		
Direct Deposit Form (issued by your bank) attached with Application Required Information: [ ] yes [ ] no		
Paul assumes no responsibility for any loss or delay of the payment once issued.		

TO BE COMPLETED BY PAUL FIRST NATION:

Payment Amount:
Payment Method:
Payment Date: Approved by: