BENEFICIARY INFORMATION FORM

CIBC Trust Account #:	8354005
Account Name:	ERFN 2023 Settlement Trust
Instructions:	Please complete this form, and email it to General CIBC Mailbox <u>CIBCTrustIndigenousTrust@cibc.com</u> Forms can be submitted anytime. We will then obtain Council Approval, prior to payment. Payments for Minors will be issued on the anniversary of February 6 (Eligibility Date), or on the next business
	day thereafter, upon receipt of the completed form.
	If you have any questions about this form, please contact CIBC Indigenous Trust Team by phone at (416) 518-5598, or by email at CIBCTrustIndigenousTrust@cibc.com .
	If you do not have a bank account and require help in opening one, contact the closest CIBC Branch to you or the Reserve Sooneyawi Kumik Banking Centre CIBC Branch at (306) 425-6727 and someone at a branch will be happy to help you. You can also reach out to any other major financial institution in your area.
	Payments can only be made to accounts in the name of the Minor/ Member who is receiving the distribution.
	If you are eligible for more than one claim, you will receive separate payments for each claim.
Name:	
Mailing Address:	
Telephone Number:	
E-mail address:	
Tax Residence:	
Canadian tax return, ple	(Complete only if you live outside of Canada) ne province or state you reside in when you file your tax returns. If you reside outside Canada and file a ase provide the province or territory for the tax package that you use. If you reside permanently outside of mmends you consult with your tax advisor regarding reporting requirements in your jurisdiction.
Status #:	
Date of Birth:	
Preferred Payment Met	hod:

c Cheque – mailed to band office for pick up For ETFs and Wire Transfers, please attach a void cheque, Direct Deposit form or a screenshot of account details including name or complete the information below. (If account documentation is not provided, we may contact you to confirm your banking details.) Name of Bank:				
			Address of Bank:	
			Transit #:	
			Institution #:	
Name on Account:				
Account #:				
For international wire t	ransfers:			
Swift/Business Identifie Association (ABA) trans	r Code or American Bankersit routing number:			
Notes:				
-	Payment Methods cannot apply, please contact CIBC Indigenous Trust Team by phone at (416)518-5598, or ustIndigenousTrust@cibc.com for an alternative method.			
CIBC Trust assumes	s no responsibility for the unsuccessful transfer of funds if incorrect information is provided.			
• The foreign exchan other than Canadia	ge rate established by CIBC will be used, without exception, for any wires that are completed in any currency an dollars.			
• Funds sent by EFT	can be in Canadian currency only.			
l,	, acknowledge that upon receipt of the above, my entitled Distribution as specified in the			
(Please Print I	Full Name)			
Trust Agreement, I here indemnity in respect of	by grant CIBC Trust Corporation and English River First Nation a full receipt and complete discharge and said Distribution.			
Beneficiary (Minor) Sig	nature: Date:			
Please Note: If the pers	on signing this form is not the named beneficiary within the minor's member list, please forward a signed			

Electronic Fund Transfer (EFT) – Recommended c

Wire Transfer (\$15 charge for each wire sent to a non-CIBC account)

(CIBC Trust cannot guarantee the timing of the cheques sent by mail)

notarial copy of the documentation authorizing the signee, on behalf of the beneficiary.

Cheque – mailed to the preferred mailing address above. c

(Please select one) c