



The Sahtu Trust

SSI Office in Deline
Box 155 Deline, NT X0E 0G0
Tel: 867-589-4719/589-4132
Email: ssi.reception@sahtu.ca
Website: www.sahtu.ca

Déline Got'ine Government

DGG Main Office
Box 156, Deline, NT X0E0G0
Tel: 867-589-8100
Email: receptionist@gov.deline.ca
Website: www.deline.ca

Sahtu Trust Capital Distribution Forms

BENEFICIARY INFORMATION

Full Name: _____ Enrolment Registry # _____
Mailing Address: _____ Social Insurance Number: _____

(19 and Over)
City/Town: _____
State/Prov: _____ Postal Code: _____
Tel: _____ E: Mail: _____

Children Information (the applicant above will be entrusted with the child's subsidy)

Children Full Name: _____ Enrolment Registry # _____
Children Full Name: _____ Enrolment Registry # _____
Children Full Name: _____ Enrolment Registry # _____
Children Full Name: _____ Enrolment Registry # _____

Please Check, if applicable

- I, (we) authorize the Sahtu Trust to make a Capital Distribution payment to myself (the applicant) and on behalf of my children, if applicable.
- All Payments to "individual Beneficiaries" shall be considered as income under the Income Tax Act and the Trustee (SSI) shall issue appropriate tax slips for this payment year end of December 31, 2023, in which I will receive a T3 slip and must report it on my 2023 Federal income tax return.
- I also accept that I am the legal/guardian for the above children noted can legally sign on their behalf.
- I, authorize Sahtu Trust to release a cheque in the amount of **\$1000.00** on or after December 18th, 2023, Capital Distribution Payment.

Signature of applicant: _____ Date: _____

Signature of witness: _____ Date: _____

*******Please fill out the Authorization Form if an individual will be picking up your 2023 Capital Distribution Cheque on your behalf.*******

AUTHORIZATION FORM

I, _____ (Print Name), hereby Authorize _____ (Print Name) to pick-up my Capital Distribution Cheque in Délıne, Northwest Territories on December 18th, 2023.

By signing this form, you give permission to the Délıne Got'ıne Government to give your Capital Distribution Cheque to the person indicated in this Authorization Form. This permission only applies to the 2023 Sahtu Trust Capital Distribution.

Signature of applicant: _____

Date: _____

Signature of witness: _____

Date: _____