KITSELAS
TREATY INFORMATION SOURCE

Treaty Benefit Claim Form
Enrolled Adult Kitselas Members

This form must be completed by each enrolled adult Kitselas Member (Citizen under Treaty) to confirm their eligibility and process the Treaty Benefit Payment. As youth turn 18, they will need to submit a completed Treaty Benefit Claim Form. Please complete all fields and if applicable, attach the required documents listed below.

Please email your completed form to enrolment@kitselas.com or drop it off at the Treaty Office – 4562 Queensway or Gitaus Administration – 2225 Gitaus Road.

Please select the type of benefit you are claiming:

- ☐ Elders 65+ Treaty Benefit - $20,000 CAD
- ☐ Adults 18-64 Treaty Benefit - $10,000 CAD
- ☐ Top-Up Treaty Benefit - $10,000 CAD for individuals who received $10,000 CAD at 18-64 and are now 65.

SECTION 1: INFORMATION

First name: Middle: Last:

Date of Birth: Kitselas Band number:

Address: City/Town:

Street: City:

Province: Postal Code:

Phone Number: Email address:

AUTHORIZED REPRESENTATIVE (IF APPLICABLE)

Note: if you are submitting a claim on behalf of another individual, you must have the legal authority to manage their affairs. Please attach a valid copy either a Power of Attorney, Representation Agreement, if you are named as the Executor in a Will, a copy of the Will, or if applicable, a Grant of Probate or a Grant of Administration or other legal documentation confirming this authority.

Supporting documentation attached (e.g., Power of Attorney, Representation Agreement, copy of Will, Grant of Probate, etc.): ☐ **Yes** ☐ **No**

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SECTION 2: PAYMENT INFORMATION

To discuss alternative payment options, please contact the Treaty Office.

If you have not already provided your direct deposit information to the Finance Department, or if it has changed, please attach a void cheque or bank-generated direct deposit form.

Note: Handwritten information will not be accepted.

Please select one of the options below:

☐ I have previously submitted my direct deposit information

☐ I have not previously submitted my direct deposit information and have attached it with this form

SECTION 3: DECLARATION

I confirm that the information provided is true and complete. I understand that the Treaty Benefit Payment is a one-time payment under the Kitselas Treaty and agree to the terms of the Treaty Benefit Payment Policy and Procedures.

I release Kitselas First Nation from any liability relating to the Treaty Benefit Payment and indemnify Kitselas First Nation from any claims relating to this payment.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Verification of enrolment in the Kitselas Treaty:

Date received: _____ Verified: ☐ Yes ☐ No

Benefit Processing:

Date processed: _____