

LAC LA RONGE INDIAN BAND  
 AGRICULTURAL BENEFITS SETTLEMENT PER CAPITA DISTRIBUTION

**Form for Per Capita Distribution (PCD) Payment to  
 Incarcerated Members**

<b>Information about the incarcerated member</b>	
Name of member	
Date of birth	
Status registration number	
Name of institution residing at	
Projected release date	

By filing out this form and submitting it to the Lac La Ronge Indian Band, an incarcerated member may either:

- 1) Have their PCD Payment deposited into a personal bank account; or
- 2) Have their PCD Payment delivered to a friend or family member to hold in trust.

**OPTION 1 – Deposit into bank account**

By filling out Option 1 you are directing the Nation to deposit your PCD into this bank account.

<b>Banking institution (if possible, please attach a void cheque)</b>	
Full name of Member as indicated on bank account	
Name of Bank and Address of Branch	
Transit number (if no void cheque)	
Institution number (if no void cheque)	
Account number (if no void cheque)	

**Note:** LLRIB will only deposit your PCD into an account of a bank **which operates in Canada.**

**OPTION 2 – Delivery to friend or family member in trust**

By filling out Option 2 you are directing the Nation to deliver your PCD to this person.

<b>Trusted friend or family member – the “Authorized Recipient”</b>	
Name of person receiving PCD payment on the Member’s behalf	
Relationship to Entitled Member	

Recipient phone number	
Recipient mailing address	
Recipient email address	

**Note:** Your PCD payment will be made out to this person. LLRIB will state that the payment is made in trust for your benefit, **but LLRIB will have no further responsibility for your PCD after the payment is made.**

**Certification & Authorization (Required)**

I, the Member identified above, certify the following information to be true:

- I manage my own finances and have not legally transferred this power to any other person (i.e. by granting that person power of attorney etc.).
- No one has been appointed to make decisions on my behalf (i.e. by an adult guardianship order, public guardianship order, or property guardianship order, etc.)
- I understand that I am entitled to speak with a lawyer about this form and have chosen not to; OR

Fill out this section **for option 1** (Deposit into bank account)

- I authorize and direct that my PCD Payment be deposited into the bank account listed in this form.
- I agree that after my PCD is deposited into my bank account LLRIB has no further responsibility to me with respect to my PCD payment **and** I release LLRIB from any and all liability with respect to my PCD payment.

Fill out this section **for option 2** (Deliver money to be held in trust by Authorized Recipient)

- I authorize and direct that my PCD Payment be delivered to the Authorized Recipient listed in this form.
- I agree that after my PCD is delivered to my Authorized Recipient LLRIB has no further responsibility to me with respect to my PCD payment **and** I release LLRIB from any and all liability with respect to my PCD payment.
- I agree to hold LLRIB harmless for any acts and omissions of my Authorized Recipient and agree not to take any legal action against LLRIB for any acts or omissions of my Authorized Recipient.
- I have signed this form in front of a witness who is not my Authorized Recipient.

**SIGNED AND CERTIFIED** on the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Print Name

\_\_\_\_\_  
Witness Signature