Lac La Ronge Indian Band

Annual Legacy Distribution Application – Minor Children

Adult Members do not need to apply. Payments to Members aged 18 and over will be made directly. This form is only for minor children (under 18) and must be completed by the parent or legal guardian the child lives with. Use it to claim the annual Legacy payment for each minor child and to confirm or update your payment details.

Questions: finance@llrib.ca | 306 420 4333

Eligibility: Minor children on the approved LLRIB (February 25, 2026) Membership List and living at the time of the December 2026 payment.

Section A: Parent or guardian information

Legal last name		**Legal first and middle names**	
Other names used		**Date of birth (DD/MM/YYYY)**	
Treaty number		**Community / Reserve**	
Phone		**Email**	
Mailing address			
City / Town, Province		**Postal code**	

Section B: Minor children (under 18) who live with you

List only children who are LLRIB Members, born on or before February 25, 2026 and who live with you. If custody is shared or disputed, attach the court order or written agreement. Payment will be held until this is provided.

Child's legal name	Date of birth	Treaty number	Your relationship	Lives with you full time? (Y/N)

Section C: Payment method

☐ Use the banking details already on file from my previous settlement payment (no changes).

☐ **Direct deposit (EFT).** Attach a void cheque stamped by your bank. (EFT processing time 5–7 business days)

☐ Cheque – pick up at the Band Office with photo ID

The bank account must be in the name of the parent or guardian named on this form. Banking details will be taken from the bank-stamped void cheque.

Section D: Documents attached

☐ Copy of government-issued photo ID (parent) and status number for minors

☐ CCB Notice of Assessment 2025

☐ Void cheque stamped by your bank (required for direct deposit – new or changed banking details)

☐ Custody order or agreement (if applicable)

☐ Guardianship order (if you are not the child's parent)

Section E: Declaration and consent

I declare that:

1. The information on this form and in the attached documents is true and complete.
2. Each child I am claiming for is alive on the payment date, is under 18, and lives with me.
3. I understand the payment amount is set each year from the Legacy Trust and will change from year to year.
4. I will tell the LLRIB Finance Office promptly if any of this information changes.
5. If a payment is made in error or to a person who was not entitled, I will repay it to LLRIB.
6. I consent to LLRIB collecting and using this personal information to verify membership and eligibility and to make the payment, and to sharing banking details with its financial institution for that purpose only.

Signature		**Date**	
Print name		**Capacity (parent / guardian)**	