

WIFN CHRISTMAS GIFT 2023 - DEPENDENTS PAYMENT REQUISITION FORM

List all dependents (13 & under) in your custody/care. (Those turning 14 in Dec. will receive own cheque.)

** All non-registered dependents will be verified by WIFN Membership staff before payment processing **

	Dependents - Full Legal Name	Birthdate	Band # (10 DIGITS)
1			170-
2			170-
3			170-
4			170-
5			170-
6			170-
7			170-

**** Cheque will be payable to claimant ****

- Claimant is parent or Legal guardian with whom children live. Proof will be required.

By signing this form you are stating that all dependents listed reside with you and are in your custody/care.

CLAIMANT INFORMATION

Full Legal Name: _____

Birthdate: _____

Band #: _____

Email: _____

Phone #: _____

Mailing _____

Address: _____

Claimant Signature: _____

Date: _____

Relationship to above dependent(s): _____

PICK UP/OR MAIL OUT

(circle which one applies)

CHEQUES WILL BE MAILED, UNLESS SPECIFIED PICKUP.

Please include copy of band card for each individual claimed.

COMPLETED FORM CAN BE DROPPED OFF AT THE GOVERNANCE BUILDING

OFFICE OR FAXED TO 519-627-0440. FORM MAY ALSO BE EMAILED TO ONE OF THE FOLLOWING.

WIFNChristmasDistribution@wifn.org

Governance/Administration

Office Phone #

519-627-1481

Registration info. contact - Danielle Buckshot IRA, WIFN Membership 519-627-1481

or danielle.buckshot@wifn.org

THIS SECTION TO BE COMPLETED BY WIFN ADMIN. STAFF

Membership verified: _____

Finance Dept: _____ CK AMT \$ _____